

Medical Economics

SEPTEMBER
1945



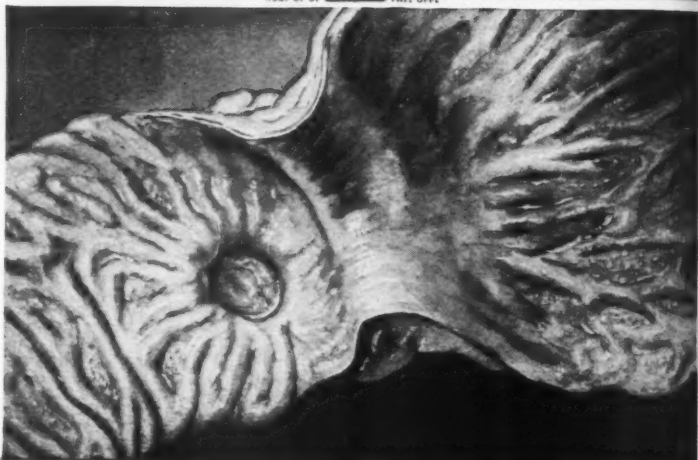
A MEDICAL OFFICE IN THE WILLIAMSBURG TRADITION

(See page 41)

REG. U. S.



PAT. OFF.



PROTECTION

against peptic ulcer recurrence

In view of the tendency of peptic ulcer to recur in the spring and autumn, many clinicians return their patients to *full ulcer therapy*—diet, rest, antacids—from the middle of September through October and from the beginning of March through the middle of April. • Amphojel provides safe, dependable, antacid medication admirably suited to offset episodes of hyperacidity. It inactivates gastric secretions without alkalization, mildly and efficiently. Supplied in 12-fluidounce bottles.



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Alumina Gel



WYETH INCORPORATED • PHILADELPHIA 3 • PA.

Medical Economics

THE BUSINESS MAGAZINE OF

THE MEDICAL PROFESSION



SEPTEMBER 1945

Panorama	7	The Declining Birth Rate: Its Effect on Practice ...	78
Speaking Frankly	15	Physicians' Outside In- come	96
Editorial: Women and Chil- dren First	39	Congratulations!	99
A Medical Office in the Wil- liamsburg Tradition	41	Should Voluntary Prepay Plans Cover Trivial Ill- ness?	112
About to Sign a Lease?	43	Prophylaxis Against Mal- practice Suits Charging Negligence	117
Senator Pepper's 'Super- EMIC'	45	Lay Ignorance Held a Fac- tor in Poor Chronic Care	127
What's Current in Case His- tory Forms for General Medicine	51	What They're Reading ...	130
Special-Diet Rationing Problems Clarified for Physicians	54	The Newsvane	137
Sidelights	59	Cartoons ... 48, 58, 66, 68, 88, • 95, 151, 160	
Service or Indemnity? Both!	63	Anecdotes ... 44, 62, 67, 71, 77, 100, 115	
Don't Combine Life Insur- ance With an Annuity! ...	69	Handitips ... 49, 93, 108	

Cover photograph by Anne M. Goodrich

CIRCULATION 107,000

H. Sheridan Baketel, A.M., M.D., Editor-in-Chief, William Alan Richardson, Editor, Ross C. McCluskey, Managing Editor, Lansing Chapman, Publisher, W. L. Chapman, Jr., Advertising Manager. Copyright 1945, Medical Economics, Inc., Rutherford, N.J. 25c a copy; \$2 a year (Canada, \$2.50 a year)

"MOIST HEAT"

FOR PAIN, SWELLING, SORENESS

In the treatment of boils or other localized infections where "Moist Heat" is indicated, the "Moist Heat" of ANTIPHLOGISTINE helps relieve pain, swelling, and soreness.

Applied comfortably hot, ANTIPHLOGISTINE supplies "Moist Heat" for several hours. ANTIPHLOGISTINE may be used with chemotherapy.

The "Moist Heat" of ANTIPHLOGISTINE is also effective in relieving the pain and swelling of a sprain, bruise or similar injury or condition.

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

THE DENVER CHEMICAL MFG. CO., INC.
New York 13, N. Y.




HERE'S *The* POINT



THE NEW HUBER POINT (with lateral opening)

With the same beveled cutting edges as on Yale B-D Lok-Needles with regular point, but with the opening on the side instead of the front, little resistance is offered by the skin and tissue to penetration.

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Injection made more comfortable for the patient.

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The wrapper from my first cake
of pure, mild Swan!



From his first bath on, a baby's delicate skin needs very special care.

So it's no wonder that doctors everywhere say, "Swan the baby!" This new white floating soap is ideal for tender skin. Pure as fine 100% "olive oil" castiles.

And hospital experiments on hundreds of babies show that "no soap tested—whether castile or floating soap—is milder than Swan."

Swan's ingredients are highest grade! No free alkali in Swan, no free fatty acid, no coloring matter or strong perfume.

Swan's purity and mildness make it a soap that you can recommend with confidence.

Free!

• A cake of pure Swan to every baby born in the U. S. in 1945!

New mothers can get a Swan Baby coupon at their grocer's and mail it to Swan, Box 3, New York 8, New York.



SWAN floating soap

is pure as fine Castiles

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BAMBRIDGE, MASS.

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Now you can administer full and frequent doses of vitamin C without the irritative and undesired effects that frequently result from large doses of ascorbic acid.

The Van Patten Pharmaceutical Company takes pride in offering the medical profession SODASCORBATE Tablets (sodium ascorbate)—the first to provide oral administration of a stable vitamin C in neutral form. Each tablet contains 120 mg. of sodium ascorbate, equivalent in vitamin C activity to 100 mg. (or 2000 U.S.P. units) of ascorbic acid.

SODASCORBATE Tablets are specifically indicated in clinical and subclinical scurvy, and in all conditions where vitamin C has been found of value. Recently reported studies suggest its use in infectious diseases and toxic conditions; in allergy, especially hay fever; in suitable cases of gingivitis and pyorrhea; for lack of energy and endurance associated with vitamin C deficiency; and as a chlorine-free substitute for salt in heat exhaustion.

The average dose for adults and children over 12 years is one tablet three times daily, or as indicated by the condition. For children under 12, one-half tablet. This may be dissolved in milk for babies and young children. Each SODASCORBATE Tablet is scored to permit ready adjustment of dosage.

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100 OF THESE PADS...



(2 1/4" x 4 1/2") — nearest comparable
size to today's 3" x 3" Steri-Pad)

...WILL BUY
170 STERI-PADS*
TODAY.



THIS interesting comparison of gauze pad values during World War I and II, is clear evidence of the Johnson & Johnson philosophy of giving you the highest quality products at the lowest possible cost.

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*Trade Mark Reg. U. S. Pat. Off.

Panorama

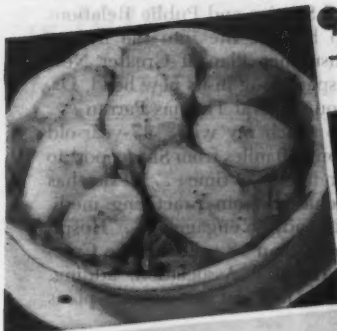
► Establishment of a permanent, international health organization is sought by Senators Wagner, Murray, and Pepper in a joint resolution (S.J.Res. 89). The United Nations Conference in San Francisco recommended creation of a similar world health body . . . Renascence of the AMA Bureau of Medical Economics seems imminent. The Council on Medical Service and Public Relations has been looking for someone to breathe life into the bureau again . . . LaGuardia's Health Insurance Plan of Greater New York hopes it has a badly needed spark plug in its new head, Dr. Dean Clark, former aide to Surgeon General Thomas Parran . . . Announcing, "No man is going to touch my wife," 17-year-old Glenn Hampton sped Mrs. Hampton 200 miles from Shreveport to Dallas, reached woman obstetrician in nick of time . . . Mexico has banned foreigners—Americans included—from practicing medicine there. Only exception: those already so engaged . . . "Hospitals can point with pride to the more than 18 million Blue Cross subscribers," says the American Hospital Association, adding, "It is unfortunate that coverage under medical prepayment plans is not more extensive."

► Payroll taxes will be completely eliminated if Treasury Secretary Vinson can persuade Congress accordingly. Social Security, he feels, should be paid for out of the regular budget . . . Electric eye at reception-room entrance tinkles bell in consultation room of Columbus, Ohio, G.P. . . . Oregon State Medical Society urges members to use only its short insurance report form and decline to fill in long, company questionnaire . . . Saskatchewan, seeking 400 doctors at \$5,000 a year to work in its provincial health insurance program, has few takers, plans to up salary to \$10,000.

► Interim body chosen from AMA Board of Trustees and Council on Medical Service and Public Relations is getting things done for the House of Delegates between sessions . . . Twice as many foreign students as the 1920-40 average are now in American colleges, many on U.S. scholarships. Pending applications would double the number again . . . Plans have been completed to make Memorial Cancer and Allied Diseases Hospital, New York, biggest of its kind in the world, with 600 beds . . . Up to a month ago, Master Sergeant Frederic Hensel, Corbin, Ky., was the only U.S. battle casualty of this war to have lost all four limbs. Six had lost three; and of 12,500 amputees, 5 per cent had lost two limbs

BANANAS

...a natural
sweetener



ON CEREALS—Sweet and nutritious



**1/2 OF 1 BANANA
CONTAINS 2 1/2
TEASPOONS OF SUGAR**

**VITAMINS AND
MINERALS, TOO!**

Enjoy bananas at their best

DO let them ripen at comfortable room temperature.

DON'T put them in the refrigerator because this prevents proper ripening.

KNOW that bananas are fully ripe when the golden peel is flecked with brown.

• One fully ripe banana (yellow peel, flecked with brown), average size, contains the equivalent of 4 to 5 level teaspoons granulated sugar—as follows:



4.6% dextrose.....
3.6% levulose.....
12.2% sucrose.....

Total sugars 20.4%

PLUS



Vitamin A.....310-420 International Units
Thiamin (B₁).....52-67 Micrograms
Riboflavin (B₂).....110 Micrograms
Niacin......75 Milligrams
Ascorbic Acid.....12.5-13.7 Milligrams

PLUS



11 Essential Minerals.....120 Calories



IN MILK SHAKES For flavor and high food value

Banana Milk Shake

(290 CALORIES)

1 fully ripe banana*

1 cup COLD milk

*Use fully ripe banana... peel well flecked with brown

Peel banana. Slice into a bowl and beat with electric mixer or rotary egg beater until smooth and creamy. Add milk and mix thoroughly. Serve COLD. Makes a 10- to 12-ounce drink.

UNITED FRUIT COMPANY

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Professional Favor

Lifetime
Baumanometer



UNDER the pressure of wartime emergency conditions, even greater prestige has been accorded the many thousands of Baumanometers that continue to provide the ultimate in trouble-free bloodpressure service... both at home and abroad.

The inherent qualities of this true mercury-gravity instrument assure consistent, scientifically accurate bloodpressure readings... the primary requisite. Its sturdy construction and compactness of design guarantee a capacity to withstand the hardest usage. The exclusive features of the Baumanometer are of special importance today to time-pressed physicians.

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Providing the minimum adult daily requirements of all the essential B-vitamins in a single teaspoonful, Elixir 'OMNI-BETA'* assures full-range balanced replacement of every known as well as all unidentified factors present in three of the richest *natural* sources . . . liver, yeast, and rice polishings.

Highly concentrated in a palatable liquid medium, Elixir 'OMNI-BETA' offers exceptional efficacy enhanced by simplified administration.

*Reg. U.S. Pat. Off.

a single teaspoonful contains:

- as much THIAMINE as 25 tablets brewers' yeast (7% gr.)
- as much RIBOFLAVIN as 100 tablets brewers' yeast (7½ gr.)
- as much NIACINAMIDE as 66 tablets brewers' yeast (7% gr.)

plus pantothenic acid, pyridoxine, and all other B-complex factors. Aqueous extract 2.594 Gm. per teaspoonful, concentrated from 13 Gm. yeast, 7 Gm. liver and 7 Gm. rice polishings.

In bottles of 4 and 8 fluidounces.



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VITAMIN B-COMPLEX

WILLIAM R. WARNER & CO., 113 WEST 18TH STREET, NEW YORK 11, N.Y.

... The term *psychosomatic* is being used so hard, warns Dr. George E. Daniels, P&S psychiatrist, that it may "take on the qualities of a slogan, and suffer the same fate slogans do, generating enthusiasm while it lasts but burning out from its very intensity."

► AMA personnel changes rumored last month: Olin West, general manager to retire soon; Thomas Gardiner to succeed Will Braun as business manager . . . Hampered by the ban on conventions, the Journal AMA has appealed for "information from Council members as to public appearances, speeches, and so on for publication in *The Journal*" . . . With increasing numbers of disabled veterans returning to this country, Congress is disturbed over rules which now prohibit emergency care of Marines in Army hospitals, and vice versa . . . Although President Truman cut the Gordian knot by appointing Gen. Omar T. Bradley to succeed Brig. Gen. Frank Hines as Administrator of Veterans Affairs, members of Rankin investigating committee are still junketing, unannounced, from hospital to hospital . . . Possibilities Unlimited, a Cleveland society of successful professional and business people, all of whom have overcome a major handicap, is asking physicians to publicize its veterans' rehabilitation program.

► Western New York Medical Plan's medical-surgical contract outold simple surgical contract 20 to 1 in 1944 . . . Narcotics manufacturers asked by Commissioner H. J. Anslinger to eliminate all identifying marks from shipping containers as a means of reducing theft of narcotic drugs in transit . . . Public Health Service's commissioned personnel (about 3,000), given duration military status by President Truman, now have same benefits and discipline as members of the armed forces . . . JAMA wants State Department to appoint physicians as cultural attaches in embassies. Object in each case: "to evaluate the medical problems of the country" and to "lend distinction to the embassy staff."

► Nine universities are prepared to furnish advanced training in industrial medicine for the 25 per cent of medical officers who say they want to engage in industrial practice after the war . . . New push-button electrical device developed by G.E. permits patient to raise or lower bed sections without effort . . . Tuberculosis deaths totaled 57,005 in 1943, says Census Bureau. Previous years: 1942, 57,690; 1941, 59,251; 1940, 60,428; 1939, 61,609 . . . It's cheaper to buy a house now than to build one, at least in a city, says the National Association of Real Estate Boards. Asking prices have leveled off since V-E day, so that the buyer of a house now pays a median of 15% per cent less than its reproduction cost . . . Manufacturers are worried by scarcities in pepsin, insulin, and pancreatin, which, they say, stem from the meat shortage . . . Dentists rejoice that Congress has given Dental Corps officers equal command privileges with other officers of their grade in the Medical Department.

CLINICAL REPORTS CONFIRM

THE RATIONALE OF THIS APPROACH

Testimonials may have to be brushed aside in the critical evaluation of a mode of treatment. But when outstanding clinicians voluntarily state their satisfaction with this therapy, based on critical observation of patient after patient, their findings may well be accepted as substantiation.

Darthronol, the multiphasic systemic approach to arthritis, has merited its wide and rapidly growing acceptance. The many favorable reports of its efficacy in the treatment of chronic arthritis, received from clinicians in every section of the country, are based solely on the subjective

and objective improvement brought about in their patients.

The therapeutic value of each of the nine active constituents of Dartchronol is well established. Dartchronol furnishes in a single capsule massive dosage of vitamin D₂ and adequate potencies of the eight other vitamins so essential for the proper functioning of many arthritis-affected metabolic processes.

Darthronol presents a convenient and effective method of utilizing the newest concepts in antiarthritic therapy by treating not only the local articular involvement, but the general systemic disturbances as well.

J. B. ROERIG & COMPANY

536 Lake Shore Drive • Chicago 11, Illinois



Each Capsule Contains:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A	5,000 U.S.P. Units
Ascorbic Acid	50 mg.
Thiamine Hydrochloride	2 mg.
Riboflavin	1 mg.
Pyridoxine Hydrochloride	0.1 mg.
Calcium Pantothenate	0.333 mg.
Niacinamide	10 mg.
Mixed Natural Tocopherols	3.4 mg.

DARTHRONOL *for the Arthritic*
a ROERIG
 Originally Introduced
 as DARTHRON

In impetigo—



virtually specific...

PRAGMASUL can almost invariably be relied on to:

1. Arrest the spread of impetiginous infection immediately.
2. Effect marked improvement within 24 to 48 hours.
3. Clear up all disfiguring lesions within 4 to 5 days.

because—

in Pragmasul's special oil-in-water emulsion base, the Microform (micro-crystalline) sulfathiazole is *not* imprisoned in grease or oil, but is suspended in a continuous *aqueous* medium. Thus it passes freely into the *aqueous* serous exudate, ensuring intimate and prolonged contact with infected tissue.

So that your patients will be sure to benefit by the therapeutic superiority of Pragmasul...

It is important to specify

PRAGMASUL

Smith, Kline & French Laboratories

Philadelphia, Pa.

**on your prescriptions for
5% sulfathiazole ointment**

PROVED THREE-WAY TREATMENT IN MUCOUS MEMBRANE THERAPY

ARGYROL therapy offers virtually three treatments in one. For ARGYROL properties are three-fold

DECONGESTIVE—ARGYROL'S decongestive effect in the membrane is the result of its demulcent, osmotic action. The withdrawal of ARGYROL tampons from the post-nasal cavities frequently brings forth a long ropy mucous discharge measuring as much as two feet or more.

BACTERIOSTATIC—Although proved to be definitely bacteriostatic, ARGYROL is non-toxic to tissue. In nearly a half century of wide medical use of ARGYROL, no case of toxicity, irritation, injury to cilia or pulmonary complication in human beings has ever been reported.

STIMULATING—Soothing to nerve ends in the membrane and stimulating to glands, ARGYROL'S action is more than surface action. For it acts synergistically with the membrane's own tissue defense mechanism.

NEVER DUPLICATED CHEMICALLY OR IN CLINICAL ACCEPTANCE

Solutions of mild silver protein similar in appearance to ARGYROL are chemically different. Different in degree of colloidal dispersion, in size of particles and in Brownian movement viewed under the ultra-microscope. Unlike other mild silver proteins and regardless of the concentration of the solution employed . . . in



ARGYROL, the pH remains constant, the pAg is properly correlated. Unlike most mild silver proteins, ARGYROL remains equally bland and non-irritating in all concentrations from 1 per cent to 50 per cent. To insure the results which you expect from genuine ARGYROL, is important that you insist on Original Package ARGYROL.

ARGYROL THE PHYSIOLOGIC ANTISEPTIC WITH SYNERGETIC ACTION . . .

Made only by the A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.
ARGYROL is a registered trademark, the property of A. C. Barnes Company.

Speaking Frankly

Gouge

I agree that medical fees are sometimes exorbitant. But since most doctors are not inclined to hold up patients, a charge of gouging cannot be leveled against the entire profession.

L. Chester McHenry, M.D.
Oklahoma City, Okla.

Most surgical fees are too high. I don't think the surgeon's time is worth so much more than the medical man's.

M.D., California

Exorbitant fees are the exception rather than the rule. But they are the ones most talked about, because people—especially women—like to feel that they have had something “different” in the way of treatment or an operation. If their home-town doctor isn't alert enough to sense this, they'll travel to a distant specialist or clinic. The woman at the bridge table who traveled the farthest and paid the most got the best operation.

M.D., Oklahoma

Surgeons are more vulnerable than internists when it comes to complaints of overcharging, although diagnosis is ordinarily more difficult than surgery.

M.D., Utah

General practitioners often get less for house calls than plumbers

or radio repair men. I know of one locality where doctors make trips into the country for less than the taxi man's rate.

M.D., New Jersey

Some men think it is sensible to charge more and see only the upper brackets. That may bring in more money, but it is the sort of thing that is driving us into socialized medicine.

Don C. Moshos, M.D.
Torrance, Calif.

Fees are sometimes too high. That has been one of the few legitimate complaints against the profession. The fact should not be ignored or side-stepped.

M.D., California

Remember how the railroads got a monopoly and charged all the traffic would bear? And remember the result?

M.D., California

Vicious

Some families are health-conscious and spend considerable money to keep well. Others spend practically nothing for that purpose, but overindulge in food, drink, and tobacco.

Some industrial companies take extensive precautions against illness and accident among their employees; others spend little or nothing.

Some communities spend \$2 a year per capita on public health and

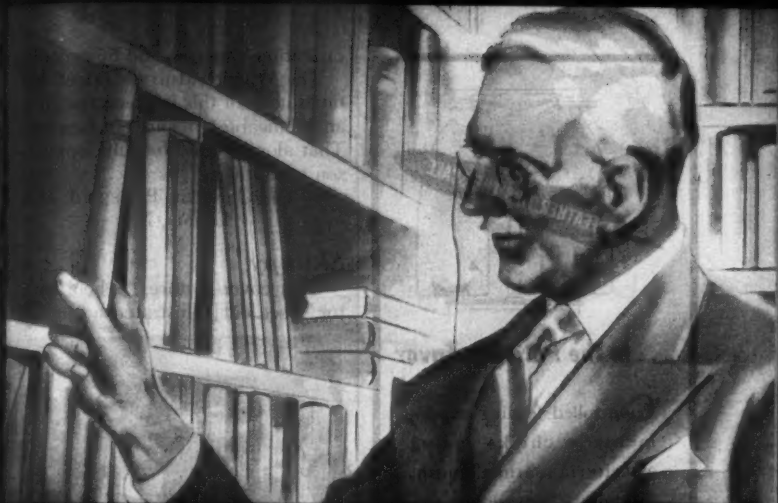
A New Chapter *IN* **ANTIARTHRITIC MANAGEMENT**



A NEW chapter in the treatment of arthritis began ten years ago when the clinical administration of electrically activated vaporized ergosterol (Ertron) resulted in marked improvement of joint motility and in a general sense of well-being in arthritic patients.

*S*INCE that time Ertron has been studied in thousands of cases of arthritis under carefully controlled conditions in a number of leading arthritis clinics, universities, accredited hospitals and private practice.

*T*HAT Ertron produces noticeable subjective and measurable objective improvement in a significant number of cases of arthritis has been securely established.



ERTRONIZATION of the arthritic is now a recognized and valued part of the well-rounded program of antiarthritic management.

TO ERTRONIZE—Employ Ertron in adequate dosage over a sufficiently long period to produce beneficial results. The usual procedure is to start with 2 or 3 capsules daily, increasing the dosage by 1 capsule a day every three days until 6 capsules a day are given. Maintain medication until maximum improvement occurs. A glass of milk, three times daily following medication, is advised.

Supplied in bottles of 50, 100 and 500 capsules.

Parenteral for supplementary intramuscular injection.

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... In the Patient's Favor

Controlled feeding experiments in chicks—using as criteria feather length, mortality, hemoglobin formation and weight gain—have shown the difference between ordinary vitamin B complex preparations and Beta-Concemin, which contains not only the established B vitamins in full clinical dosage, but a Special Liver Fraction that provides the whole B complex from this complete, natural source.

BETA-CONCEMIN

Brand

VITAMIN B COMPLEX

ELIXIR

TABLETS

CAPSULES WITH FERROUS SULFATE

T. M. "Beta-Concemin" Reg. U. S. Pat. Off.

MERRELL

NEW YORK MERRELL COMPANY

INDIANAPOLIS, U.S.A.

sanitation; others spend 50 cents.

The Wagner-Murray-Dingell bill takes none of this into account. It is an inimicable, vicious tax measure. That alone should be sufficient reason to kill it.

Christian P. Segard, M.D.
Leonia, N.J.

Skimpy

That cover picture, "School Doctor," [see cut] illustrated a number



of errors characteristic of most routine examinations of school children.

1. The children are stripped only to the waist, indicating that the doctor is interested solely in the throat and chest.

2. There is no otoscope in sight.

3. There is no assistant to record the findings of the doctor for eventual follow-up.

I was once associated with a public health physician whose system of examining school children merits adoption elsewhere. He gave each child a complete physical examination every year and kept a comprehensive record of his findings. After each examination, the county director of nurses saw that a report was made personally to the parents, with the suggestion that the child be taken to the family physician for any necessary corrective measures. If the parents could not pay for



Best known and generally considered
safest of all analgesic drugs is acetylsalicylic acid.

Best known by far, and most preferred
of all the acetylsalicylic acid preparations
is the *original* . . .

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A Complete Therapy for

DERMATOPHYTOSIS

KORIUM

CREAM
AND
POWDER

FOR FUNGICIDAL EFFICIENCY a combination of salicylic and benzoic acids surpasses all other active agents that are employed in the treatment of dermatophytosis, but, if compounded with a greasy ointment base, their action is retarded, often irritating, and patients dislike the messy unguent.

The salicylic (5%) and benzoic (3%) acid crystals contained in KORIAM CREAM exert a safer, more rapid and thorough fungicidal action because they are finely powdered, evenly dispersed and stabilized in a greaseless, water soluble, vanishing-type base which, compounded with methyl parahydroxybenzoate (0.5%) and other activating ingredients, promotes their penetration and diffusion into the deeper epidermal layers. Benzocaine (1%) and menthol (0.25%) provide helpful antipruritic and analgesic effects.

As a result, KORIAM CREAM destroys the offending fungi with maximum efficiency, patients' comfort and cooperation are assured, infection-spreading scratching is controlled and irritation rarely complicates its use.

THE PROBLEM OF REINFECTION

KORIAM POWDER, an effective fungicide, antiseptic, absorbent and deodorant, contains 3% salicylic acid, 5% zinc oxide, 90% boric acid, chlorothymol, oxyquinoline sulfate, methyl parahydroxybenzoate and oil of white thyme. It may be employed wherever a powder is indicated in the treatment of fungus infections, as a drying agent or to prevent chafing. Optimum results follow its use in combination with KORIAM CREAM. To guard against reinfection patients should be advised to continue use of KORIAM POWDER in shoes, stockings, between the toes and on the feet or other parts subject to infection.

AVAILABLE AT PHARMACIES

*KORIAM CREAM

1 oz., 4 oz., and 1 lb. jars.

KORIAM POWDER

3 oz. sifter cartons.

*Reg. Trade Mark



**WRITE FOR GENEROUS
CLINICAL PACKAGE**

*If you wish to include
the name and address
of your prescription
pharmacist, we will
gladly detail him also.*

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White's OTOMIDE

combines in a vehicle of unusually hydroscopic glycerin, sulfanilamide, urea and chlorobutanol. This new *stable* solution offers numerous advantages in topical treatment of either *acute or chronic* middle and external ear infections.

SUMMARY OF ADVANTAGES

Effective Antibacterial Activity—even in the presence of pus.

Stability—a *stable* sulfonamide-urea solution.

Wide Field—effective in *BOTH* acute *AND* chronic otologic infections.

Tolerance—physiologic pH—virtually obviating local irritation.

Analgesia—effective chlorobutanol analgesia *without* impaired sulfonamide activity.

FORMULA

Sulfanilamide.....	5%
Carbamide (Urea).....	10%
Chlorobutanol.....	3%
Glycerin.....	q.s.

WHITE'S OTOMIDE

is available in dropper bottles
of one-half fluid ounce (15 cc.)
—on prescription only.

White LABORATORIES, INC., Pharmaceutical Manufacturers, N.Y.

Limited quantities available
See your dealer, or write "Natta"

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A THERAPEUTIC TREAT

The cheerful, reassuring and relaxing atmosphere that is such a priceless part of Spa treatment cannot be bottled. But the important feature to which many a Spa owes its success is within reach of all your patients—sparkling, carbonated, saline-laxative water.

The same ingredients frequently found in Spa waters—sodium sulfate, sodium chloride and sodium bicarbonate—are scientifically combined with other salts in pleasant-tasting SAL

HEPATICA to create gentle "Liquid Bulk" for effective cleansing of the intestinal tract.

For a gentle, more efficient laxative, or thorough cathartic—direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.

A Product of Bristol-Myers Company, 19-11 W. 50th St., New York 20, N.Y.

TO HELP FLUSH THE

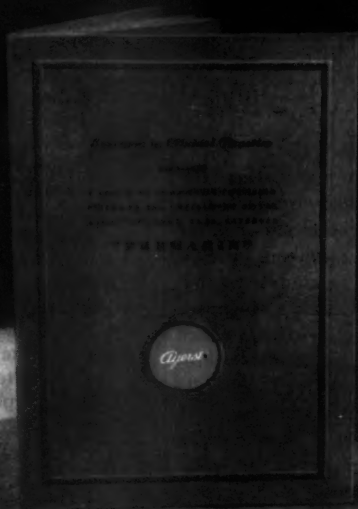
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Liquid Bulk!



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THE ADVANTAGES OF The Oral Route IN THE RELIEF OF PAIN

Every physician encounters patients who display pronounced fear of the hypodermic needle. The injection of morphine no matter how sorely needed is strenuously objected to and may prove inadvisable because of the shock and psychic trauma incident thereto. Papine (oral) is specifically designed for these patients. In 2 teaspoonful doses it produces the analgesic action of $\frac{1}{4}$ gr. morphine. This action is prompt and pronounced. Papine is especially appreciated in conditions requiring frequent administration of morphine.

THERAPEUTIC INDEX:

Renal Colic
Biliary Colic
Carcinomatosis
Postoperative Pain
Severe Hysteria

BATTLE & CO.

4026 Olive St.

St. Louis 8, Mo.

PAPINE
(BATTLE)

I'll bet it's small. The truth is, too many persons go to specialists unnecessarily; they'd do just as well on a G.P.'s prescription.

This situation is bad for the general practitioner. Very often, the specialist gets the referral, arrives at the same diagnosis as the G.P., and charges three times what the G.P. would have charged.

I agree with Dr. Cole that rural G.P.'s could utilize laboratory services to a greater extent. But how many would, if they had experiences such as this:

I sent a patient to a doctor for an X-ray, with a note asking for the report. Six weeks later I saw the patient. The X-ray man had given her a prescription and told her to come back to him in ten days.

It might help if the Government were to equip modern offices for rural G.P.'s, renting them with the privilege of purchase. Then the country practitioner would have access to equipment that would facilitate accurate diagnosis.

W. S. Bartholomew, M.D.
Lebanon, Neb.

Hat

I'm for an ironclad union of physicians, headed up by someone like Fiorello H. LaGuardia, who always gets what he goes after. He'd be worth \$50,000 a year as "czar" of the medical profession.

D. G. Sampson, M.D.
Pedro Miguel, C. Z.

Acid

Medical bills mailed from this office sometimes have a disconcerting way of coming home to roost. On them is generally some such acid inscription as this: "I paid the doctor for his last visit when he called, as



When You ask them to Chew?

Don't let patients forget that teeth and gums need *their* daily exercise, too! And that *functional chewing's* necessary to get teeth moving up and down in their sockets, *exercising* as Nature intended them to, "massaging" gums, promoting local circulation.

Eating delicious, crunchy Nabisco

Shredded Wheat is the pleasant, easy way to get your patients to chew food! For Nabisco Shredded Wheat's full of good, *natural* wheat flavor—a breakfast everybody likes.

For fun, flavor and functional chewing, suggest Nabisco Shredded Wheat, the original Niagara Falls product.



BAKED BY NABISCO
NATIONAL
BISCUIT
COMPANY



*"I tell you, Doctor..
it's tops in
Calcium Therapy"*



"We've known that calcium and ascorbic acid have parallel therapeutic actions. We've even added ascorbic acid to calcium preparations. But this new calcium compound, *calcium ascorbate*, is the calcium salt of ascorbic acid itself!"

More than 50,000 ampuls of CALSCORBATE (calcium ascorbate*) have been used prior to marketing. Results strongly support current medical opinion that CALSCORBATE is the more effective form of calcium for parenteral use.

CALSCORBATE'S FORMULA

Each 5 cc. ampul contains:

Calcium Ascorbate	500 mg.
Benzyl Alcohol	1½%
Dextrose	5%
Sodium Bisulfite	0.05%

* S. Patent Pending.

COLE CHEMICAL COMPANY
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CALSCORBATE'S ADVANTAGES

1. In CALSCORBATE, the many similar ways in which calcium and ascorbic acid (vitamin C) behave separately now find their most synergistic expression as one substance, calcium ascorbate.
2. CALSCORBATE not only swiftly increases and efficiently maintains serum calcium levels, but is more active therapeutically than other calcium salts now in use. The detailed biochemical reasons for this are fully described in the folder *Improved Calcium Therapy*, which is available on request.
3. CALSCORBATE supplies the only calcium salt with the therapeutic activity of vitamin C.

INDICATIONS

Hypocalcemic tetany, allergic states (hay fever, asthma, angioneurotic edema, urticaria, contact dermatitis), types of poisoning (heavy metals, ergot, poison ivy, arsphenamine reactions), bacillary dysentery, cardiovascular diseases (dropsy, decompensation, myocarditis, obliterative vascular disorders), uterine inertia and postpartum bleeding.

ADMINISTRATION

Intravenously: 1 ampul, injected very slowly over several minutes. May follow at once with an intramuscular injection.

Intramuscularly: 1 ampul, deeply, into the upper, outer quadrant of the buttock. May be given 2 to 3 times per week. Not to be used subcutaneously. Available in ampuls of 5 cc., boxes of 10 and 25.

CONTROL

Normal serum calcium controls. If digitalized, no calcium may be given until four days elapse without digitalis. Make due allowance for 5% dextrose in treating diabetics.

CALSCORBATE

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Gentlemen: Please send me professional literature
and clinical samples of CALSCORBATE.

M. D.

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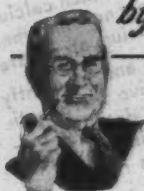
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Zone _____

State _____

Mail coupon NOW for
the ampuls and literature.

From where I sit ... by Joe Marsh



Mad Dogs and Wagging Tongues

The county had a "mad dog" scare last week. Phoebe Token's spaniel bit the postman, and he vowed that he was plenty mad about it.

But by the time the rumor got around, it wasn't the postman who was mad, it was the dog. And before the truth was learned, half the kids in the neighborhood had missed school, while their mothers nearly drove Dr. Walters crazy, asking him for advice.

Wagging tongues can cause a lot of "mad dog" trouble. Like the wagging tongues that gossip about soldiers drinking too much around Army camps. There's not a bit of truth in it—as the Government found out and told us.

Milk and beer are a soldier's favorite drinks—which is why we have the best behaved army in history. But those ugly rumors are bound to hurt morale and cause hard feeling.

From where I sit, wagging tongues can cause a heap more trouble than mad dogs.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

well as for previous services. Are your books so far behind?" Yes, they are—perpetually behind. The doctor carries a notebook in which he is supposed to make an entry of each payment, but he fails to use it half the time. And I get the blame for sloppy bookkeeping!

How many physicians are offenders in this respect?

Secretary, New York

Lag

Here is a record of deliveries I have made under the Emergency Infant and Maternity Care program, together with the dates on which the EMIC paid my bills:

Delivery	Payment
12/25/43	5/5/44
2/7/44	5/26/44
2/14/44	5/17/44
2/29/44	6/15/44
2/29/44	6/29/44
8/28/44	10/15/44
9/1/44	1/13/45
2/23/45	5/19/45

Milton J. Schreiber, M.D.
New York, N.Y.

Commodity

To a good many of my colleagues I say: Get over that proprietary interest in your patients. No patient belongs to you.

M.D., New York

Broom

It's time that organized medicine bought a broom and swept its own house. Let it do the following:

¶ Stop fighting against progressive things and start fighting for them.

¶ Dispense with Fishbein.

¶ Revise the Principles of Medical Ethics.

¶ Revamp the supposedly demo-

HANDS THAT TELL A STORY . . .

Comroe's report of a controlled study¹ on sulfur therapy in arthritis states, "Several of these patients noted such marked relief of pain following the intramuscular injections, that repeated courses of treatment were demanded by the patient." Actually 20% with rheumatoid arthritis showed marked improvements, joint swellings disappeared and mobility of joints increased. In 50% there was definite objective improvement; another 30% noted marked to moderate subjective improvement.

Sulphocol, one of the parenteral forms of colloidal sulfur used in this study, offers all the advantages of colloidal sulfur therapy and in addition improves the general defensive mechanism of the body. Its safety has been amply proved. Write for professional literature. The National Drug Co., Phila. 44, Pa.

. Connor, R. I.: *Medicine* 18:303, 1959.

Sulphocol
(COLLOIDAL SULFUR COMPOUND)

**AVAILABLE:**

For oral use: Sulphocol 5 grain capsules, bottles of 100.

For parenteral use: Sulphocol Sol 25 cc.
vials, 12-2 cc. vials.





Vital Support in Modern Surgery

All the wealth of modern surgical skill and knowledge may be tragically unavailing if the patient is physically unfit for operation. In poorly nourished patients, preoperative correction of hypoproteinemia lessens surgical risk... hastens healing. Parenamine—clinically proved parenteral substitute for dietary protein—restores and maintains positive nitrogen balance...corrects hypoproteinemia...stimulates regeneration of tissue and serum proteins.

Parenamine

AMINO ACIDS STEARNS PARENTERAL

For protein deficiency

PARENAMINE is a sterile 15 per cent solution of all the amino acids known to be essential for humans, derived by acid hydrolysis from casein and fortified with pure *d*-tryptophane. Sterility, freedom from pyrogens, and standardization of each batch are meticulously checked by laboratory procedures, animal testing, and injection of full therapeutic doses clinically.

INDICATED in protein deficiencies and conditions of restricted intake, faulty absorption, increased need, or excessive loss of proteins. Particularly



useful in preoperative and postoperative management, anesthetic toxemia of pregnancy, extensive burns, delayed healing, gastro-intestinal disorders, cirrhosis, nephrosis, fever, and other hypermetabolic states.

ADMINISTRATION may be intravenous, intrasernal or subcutaneous. Dosage may be estimated at 1 Gm. amino acids per kilogram of body weight per day, plus sufficient energy to correct the existing deficit.

SUPPLIED as 15 per cent sterile solution in 100 cc. rubber capped bottles.

Complete clinical information will be gladly sent on request

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• SYDNEY, AUSTRALIA

• AUCKLAND, NEW ZEALAND

Trade-Mark Parenamine Reg. U.S. Pat.

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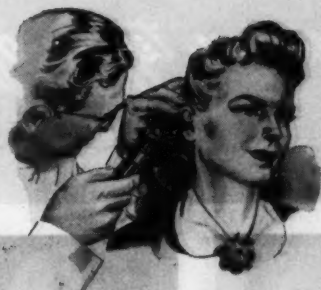
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Enjoy the Advantages of this Modern Diagnostic Set . . .

Many physicians hamper their eye, ear, nose, and throat work by using out-of-date diagnostic instruments. They do not realize how modern tools would speed up their examining and operating time. The Arc-Vue Otoscope has been eagerly adopted by hundreds of doctors because of its outstanding improvements. The May Ophthalmoscope gives a fast, positive reading from its illuminated magnified dial. You need this medical set for your eye, ear, nose, and throat practice. *Available for immediate shipment to your dealer.* Bausch & Lomb Optical Co., Rochester 2, N. Y.

36% WIDER FIELD...

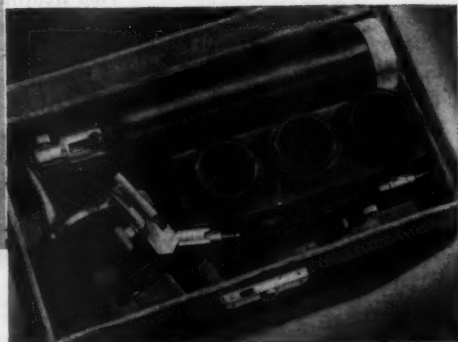
BAUSCH & LOMB ARC-VUE OTOSCOPE

Swivel-head design gives this Otoscope an obstruction-free operative field over $\frac{1}{3}$ wider than previous models. Orifice is always at center of illumination and sharply focused by $2\frac{1}{2}x$ magnifying lens. Lightweight plastic specula are strong, easily sterilized, reflection-free. Tongue-depressor mount is directly under speculum.

**Bausch & Lomb
Medical Set No. 1**

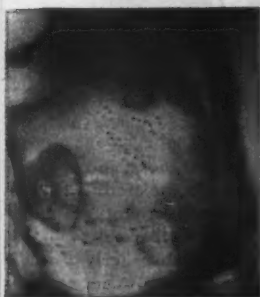
BAUSCH & LOMB

ESTABLISHED 1853



Common types of

VAGINITIS



Vaginitis (Trichomonal)



Vulvovaginitis (Trichomonal)



Cervicovaginitis (Trichomonal)

TRICHOMONAS VAGINALIS VAGINITIS

Treatment—In 100 cases of *Trichomonas vaginalis* vaginitis, the vagina was insufflated with one-half ounce of Floraquin powder daily for 5 days. This was then reduced to one-quarter ounce for the next 7 days. Tablets were then advised, depending upon the evidences of repair, for one to four weeks. The usual dosage was one tablet three times weekly, plus

three tablets daily during each of the next three menstrual periods.

Results—Ninety-eight women were cured, and reexamination revealed a normal vagina in all cases. This treatment has proven simple and effective.

Owen, J. D.: Treatment of Trichomonas Vaginalis Vaginitis, Including an Analysis of 100 Cases, Wisconsin Medical Journal (January) 1941, 1-5.

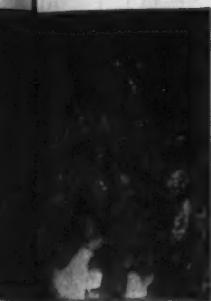
Corrective therapy in vaginitis—as provided by Floraquin—involves:

Destruction of the offending organisms, reestablishment of normal vaginal acidity, normal mucosal glycogen and consequent restoration of normal vaginal flora

Floraquin and Diodequin are the registered trade-marks of G. D. Searle & Co.

...their treatment with

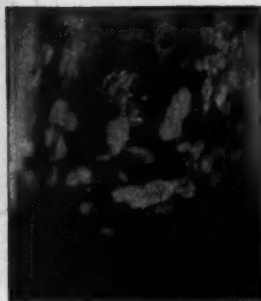
FLORAQUIN



Trichomonas vaginalis (Mycotic)



Vulvovaginitis (Mycotic)



Cervicovaginitis (Mycotic)

MYCOTIC VAGINITIS (MONILIA ALBICANS)

Treatment—Floraquin tablets were provided for 100 pregnant women with *Monilia albicans*, with instructions to insert 2 tablets night and morning up to the time they went into labor.

Results—By detailed research on Sabouraud's culture media, it has been shown that Floraquin de-

stroys *Monilia* very efficiently. Thirty-six tests on Sabouraud's during and after Floraquin revealed 100 per cent destruction.

Karnaky, K. J.: Floraquin for Monilia Albicans and Trichomonas Vaginalis, Abstract of Discussion, Texas State Journal of Medicine, 38:658-659 (March) 1943.

Floraquin contains the protozoacide, Diodoquin, together with specially prepared anhydrous dextrose and lactose, and is adjusted to a bacteriostatic pH which maintains the normal vaginal acidity, pH 3.8—4.4. G. D. SEARLE & CO., Chicago 80, Illinois

FLORAQUIN POWDER—for office insufflation—1-oz. and 8-oz. bottles.

FLORAQUIN TABLETS—for home use—boxes of 24.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



*Patients (or doctors) going 'round in circles
from the caffein in coffee
can drink delicious caffein-free Sanka Coff
and sleep, sleep, s-l-e-e-p!*

SANKA COFFEE

ALL COFFEE—REAL COFFEE—GRAND COFFEE

97% CAFFEIN-FREE

A Product of General Foods



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cratic AMA to make it *actually* democratic.

¶ Standardize and stiffen licensing requirements.

¶ Certify specialists *by law*.

¶ Teach M.D.'s (and medical students) to use business methods.

M.D., Ohio

become private patients. Apparently, either they or their families have been profiting by the war boom in jobs and wages.

The thing to remember, however, is that in a short time they will be back in the clinics. We had better lay our plans accordingly.

M.D., Indiana

Dividend

The medical relief program of depression days did a great deal to increase, eventually, the practice of doctors who served on the panel. Essentially honest people who are unable to pay for the services of a physician, will, I have found, go back to him when they regain their financial balance.

M.D., New York

Some 65 per cent of the people I used to treat in our local clinic have

Etcetera

My experience with the Veterans Administration hasn't been hopeful. It expects you to charge \$2 for \$10 worth of work. I examined one patient and sent the V.A. a bill for \$5. Some clerk mailed me a \$2 voucher to sign. I wrote back that I didn't recognize the agency's power to establish my fees. They replied I was right, but they had rules, etc., etc.

M.D., Maine

Footnotes on Federal Medicine

(W. SHAKESPEARE)

It goes much against my stomach.

—As You Like It: Act III, Sc. 2

Therein the patient
Must minister to himself.

—Macbeth: Act V, Sc. 3

If you have tears, prepare to shed them now.

—Julius Caesar: Act III, Sc. 2

A very ancient and fish-like smell.

—The Tempest: Act II, Sc. 2

The true beginning of our end.

—A Midsummer-Night's Dream: Act V, Sc. 1

Something is rotten in the state of Denmark.

—Hamlet: Act I, Sc. 4

The seeming truth which cunning times put on
To entrap the wisest.

—The Merchant of Venice: Act III, Sc. 2

—AL GRAHAM



Among the tortures that stalk at night



LIKE a nocturnal beast of prey, pruritus ani is particularly prone to strike at night. Its torment not only makes further sleep impossible, but unnerves the unfortunate victim so completely that ability toward productive work on the following day is seriously impaired. The specific antipruritic action of Calmitol makes such torture unnecessary. Applied directly to the anorectal mucosa before retiring, Calmitol assures a comfortable, untroubled night, permitting of sleep and rest. During the day-time hours, continuous freedom from itching is readily maintained by periodic application.

The active ingredients of Calmitol are camphorated chloral, menthol and hyocyanine oleate in an alcohol-chloroform-ether vehicle. Calmitol Ointment contains 10 per cent Calmitol in a lanolin-petrolatum base. Calmitol stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. The ointment is bland and nonirritating, hence can be used on any skin or mucous membrane surface. The liquid should be applied only to unbroken, nontender skin areas.

Thos. Leeming & Co. Inc.

155 East 44th Street, New York 17, New York

CALMITOL
THE DEPENDABLE ANTI-PRURITIC

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Editorial

Women and Children First

Senator Claude Pepper's Maternal and Child Health Act of 1945 (S. 1318), analyzed elsewhere in this issue, would provide "medical, nursing, dental, hospital, and related services and facilities" for the 40 million children in the U.S. up to age 21; also, full maternity care for all women. The entire program would be paid for out of general tax funds.

Benefits would be available regardless of ability to pay. And use of the program would not be accompanied, apparently, by the stigma of free-clinic patronage.

Most children and adolescents conditioned by such a system would naturally expect, upon reaching their majority, to receive free medical care for the rest of their lives—just as children born under Hitler and Mussolini were brought up to accept fascism. In effect, the scheme would make every child and mother a medical ward of the Children's Bureau; and any doctor who has ever had anything to do with the EMIC program knows what that means.

There can be little doubt that this women-and-children-first plan is but a legislative wedge. If those pushing it succeed, the way will be eased for a step-by-step extension of tax-supported medical care, until the entire population is covered.

Under the veterans' program, several million discharged servicemen are already slated to receive free medical care. A large postwar Army and Navy will mean similar free care for another million or more. Under S.1318, some 40 million children and 2 million mothers would join the free-care parade. Next steps would be free medicine for rural people, industrial workers, Federal employees, and—one by one—all other groups.

The proposed appropriation (\$100 million for the first year) represents a rank subterfuge since that amount won't even begin to finance the program set up by the bill. The tip-off is that S.1318 puts no limit on appropriations after the first year. EMIC legislation likewise called for an open-end appropriation, which, it will be recalled, was increased 20-fold in three years.

Congress reconvenes early this month. Hearings on bills for the extension of medical care (including this and the Wagner-Murray-Dingell bill) will get priority. Organized medicine can then present its case. Let's hope that those who attend the hearings on behalf of the AMA will be convincing speakers who know their subject—that they will at least have read the bills in question before testifying.

—H. SHERIDAN BAKETEL, M.D.



A Medical Building in the Williamsburg Tradition

Here, fine architecture goes hand in hand with modern efficiency



In a rural section near Red Bank, N.J., Dr. C. Malcolm B. Gilman has designed a unique office. The building is a reproduction, in part, of America's first apothecary shop (which was also a doctor's office, since apothecaries in Colonial days prescribed as well as dispensed). The original structure was erected in 1654 in Williamsburg, Va.

Set back from a country road

among large trees (which masons and carpenters were forbidden to cut down), Dr. Gilman's office carefully follows the Williamsburg tradition in its architectural detail. It is fitted, however, with the most modern equipment.

Insulated throughout, the structure has soundproof walls, automatic heat, air conditioning, fluorescent lighting, an intercommunicat-

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loudspeaker system, cove lighting, and waist-high electric-power outlets. To save heat, the windows facing the north and west are smaller than those facing east and south. To reduce the sun's rays in summer, the eaves overhang the windowtops. All inside doors are free-swinging. Walls and floors are linoleum covered. The small rest room is equipped with a built-in ship-type bunk. The Colonial cupola atop the roof houses the air-conditioning apparatus.

Dr. Gilman's surgery has an emergency entrance for ambulance cases, and is equipped with such conveniences as a foot-pedal scrub sink. The second floor, unfurnished at present, is to be fitted out as quarters for his assistants (two nurses and a technician).

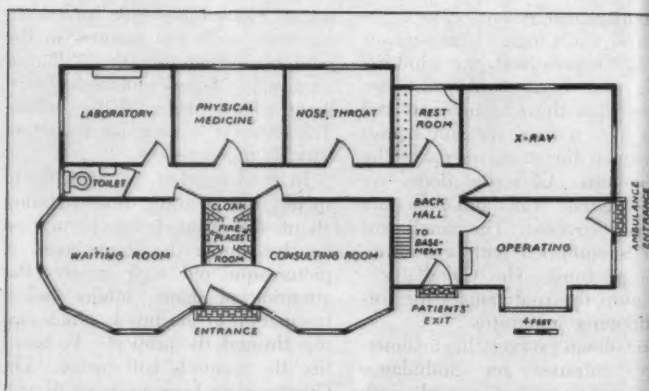
The furnishings, though traditional in design, are entirely func-

tional. Consulting-office and waiting-room walls are painted in the pale blue-green of the Williamsburg era, with dark moldings. Treatment rooms are washable white. The exterior, except for its white trim, is unpainted.

In good weather, patients like to spend their waiting time roaming about the grounds or sitting on benches under the shade trees. A picturesque old well attracts the attention of many; others find a fascination in the brook which ripples through the property. To beautify the grounds still further, Dr. Gilman plans to create a small artificial pond.

The physician has a busy practice; often as many as sixty patients appear in a single afternoon. Although the office is some two miles from town, it is easily accessible by car or bus. [Turn the page]





First-floor plan. Back hall serves as an auxiliary waiting room.

General surgery, fractures, and minor surgery constitute a large part of the doctor's work, though he has some medical and pediatric cases also. He has trained his pa-

tients to come to the office for treatment whenever possible.

Built without the assistance of an architect, the Gilman structure cost about \$12,000.

Unnoticed Clause May Void Fire Insurance Policy

The standard fire insurance form contains a clause making the policy void "if the interest of the insured be other than unconditional and sole ownership." E. J. Bulkley, Philadelphia lawyer, declares that therein lies a warning for the physician who owns real estate (or other property) jointly with his wife.

In a case cited, a man named Huber obtained fire insurance on his home, which was later destroyed by fire. The insurance company refused to reimburse him on the ground that the property was owned jointly by Huber and his wife. Although Huber's attorneys held that

such an objection was a tenuous one, a court ruled that the insurance was void. It declared that "Where property is held by husband and wife as tenants by the entirety, the authorities seem to be in agreement that neither of them is the sole and separate owner of such property" as far as fire insurance is concerned. "While the marriage relation exists," said the court, "each of the tenants by the entirety—by what has been termed a legal fiction—owns the entire estate. But it cannot be construed to be such sole and unconditional ownership as is contemplated by the provision of the insurance policy."

About to Sign a Lease?

*Examine it first—with this
check-list as your guide*



The medical-office shortage may compel you, as a tenant, to sign a lease that is not everything you could desire. Nevertheless, you still want to know what you're getting into. If the terms are *too* hard to swallow you may decide to forego them—no matter how desirable the place otherwise. Following are the things to ask yourself before signing a lease:

How can I insure being able to renew my lease?

Insert a clause giving you the option to do so. Neglect of this precaution may necessitate moving at the end of the lease period, thus disrupting your practice.

Suppose I forget to tell the landlord whether I'm going to renew the lease or not?

If there's an automatic renewal clause in your lease, failure to notify the landlord of your intention before a fixed date means that you're obligated to pay rent for another term.

If I'm not renewing, how can I reduce the annoyance of prospects brought in by the landlord to look over the place?

A "viewing clause" gives your landlord the privilege of showing the place to prospects after a specified date. To minimize this nuisance, reduce the viewing period specified in the lease.

Suppose I have to move for health or professional reasons before my lease expires?

Then protect yourself in advance by insisting upon a clause in the lease which will allow you this privilege. Such a clause should state how much notice you must give before moving, and the minimum radius beyond which you must move. Overlook this important proviso, and you may have to stay to the bitter end, or move out and continue paying for the vacated quarters.

What if the plumbing goes sour, or the plaster starts falling in my waiting room?

In some states, if the landlord doesn't make repairs, a tenant can break his lease. In others, such provision must be made in the lease. To be on the safe side, incorporate a clause that will hold the landlord responsible.

Suppose I want to rewire for electrical apparatus or install piping for air, water, or gas?

Your lease should state clearly (1) to what extent you *can* alter or improve the premises; (2) who's going to pay for such changes; and (3) whether you can take your installations with you when you move.

Isn't the landlord obliged to re-decorate the place before I move in and take possession?

You wouldn't want to try to defend that notion in court. Most landlords *do* redecorate, but a few lines in the lease will insure new paint, wallpaper, etc.

Suppose I want to sublet the office?

Then the lease must say specifically that you can. Incidentally, if it gives you this right, you'll still have to select your sublessee with care, because, in most cases, he must be acceptable to the landlord.

Must the landlord supply me with heat and hot water?

If you're moving into a home-office—obviously, no. If you're renting in an office building or apartment house, probably yes. State law usually guarantees sufficient heat and hot water to office building and apartment house occupants. Yet in a few places, the landlord can, with impunity, let you and

your patients freeze. See that your lease insures these necessities.

Suppose the building burns down?

In some states, a lease-holder must actually pay rent for an office that's gone up in smoke. This can't happen, of course, with a protective stipulation in the lease. Most leases demand that you deliver the premises at the expiration of your tenancy in good condition, "reasonable wear and tear excepted." Always add to this: "damage by fire and unavoidable accident also excepted."

Are there any other precautions?

Yes. Read the lease from beginning to end. If you get entangled in technical verbiage, better call in a lawyer. There's no law to prevent you from revamping a ready-made lease form if the landlord will agree to the changes.

Twenty Years Ago This Month in Medical Economics

Post-graduate courses are being brought to the very door of the country physician. Two eminent educators recently completed a three-month lecture course in rural North Carolina; specialists from the University of Pennsylvania conduct weekly clinical meetings at hospitals throughout the state; similar lectures are being arranged in northern New York. . .

Dr. W. M. Thompson names these physicians as some who have attained fame in other fields: Alexander Graham Bell, Sun Yat Sen, Georges Clemenceau, R. J. Gatling, David Livingstone, Joseph Hergesheimer, A. S. M. Hutchinson, and W. Somerset Maugham.

Dr. L. E. Daugherty: "The certainty of life is death, and it is adequately taken care of by the insurance companies. Health insurance is as sure to come as life insurance has come. Will we be ready to greet it when its knock is heard on the door?"

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Senator Pepper's 'Super-EMIC'

*An analysis of S.1318, showing it to be
as paternalistic as the Wagner bill*



Senator Claude Pepper (D., Fla.), whilom apostle of moderation in Federal medicine, has given birth to a medical care program that's as socialistic as the Wagner-Murray-Dingell scheme (see editorial). His Senate bill 1318, its full intent subtly veiled, would knife the American physician in the back.

Specifically, the "Maternal and Child Welfare Act of 1945" would expand the Emergency Maternal and Infant Care Program so that every U.S. mother, and every child under 21, regardless of financial circumstances, would be eligible for "free" medical, hospital, nursing, and dental care. Here are some of the bill's implications:

¶ About one-third of the entire population would become potential beneficiaries.

¶ General practitioners would be forced to participate or risk the loss of a substantial part of their practice.

¶ Control of the program would be in the hands of one person—the chief of the Children's Bureau. (The bill provides for an advisory bureau at the Federal level, but the chief

would appoint its members and be bound in no wise by its recommendations.)

¶ The bill does not define "physician"; it speaks of "medical, dental, hospital, nursing, and related types of care" [*Italics ours.—Ed.*]. Thus, unless the Children's Bureau chief ruled to the contrary (and her decision could be challenged in the courts), a state might open the program to osteopaths, cultists, and midwives.

¶ Payments to physicians would be made on "a per capita, salary, per case, or per session basis, or, in the case of consultations or emergency visits, on a fee-for-service basis"; payments to hospitals would be on a cost-plus basis.

Perhaps of most vital importance is the fact that the stage would be set for the same sort of arbitrary administration that has characterized the Children's Bureau's conduct of the EMIC program. Its chief, answerable only to the Secretary of Labor (and, presumably, to Congress) would have the power to

1. Veto any state program with which she was not "satisfied" by cutting off its Federal funds.

2. Force the adoption of Children's Bureau standards of medical care and administration through the same device. [*Turn the page*]

¹Co-sponsors with Senator Pepper are six Democrats: Walsh (Mass.), Thomas (Utah), Hill (Ala.), Chavez (N. Mex.), Tunneil (Del.), Guffey (Pa.); two Republicans: Aiken (Vt.), Morse (Ore.); one Progressive: LaFollette (Wis.).

3. Establish maximum remuneration for all professional participants (as in the present EMIC program).

The bill's initial appropriation of \$100 million (\$50 million of it for maternal and child health) is mani-

festly inadequate and as bogus as the original EMIC appropriation of \$1,200,000. The latter, it will be remembered, was raised successively to \$4,400,000, to \$18,600,000, to \$22,800,000, and finally—for the

The Maternity and Child Welfare Act of 1945

A Factual Summary of S.1318

SCOPE: A ten-year program of Federal grants to states for maternity, child health, and child welfare services—to be made available without cost to all mothers and to all children under 21, *irrespective of their financial circumstances.*

First-year appropriation, \$100 million, divided four ways; \$50 million for maternal and child health; \$25 million for crippled children; \$20 million for child welfare; \$5 million for administration. *Annual appropriations thereafter as needed.* All funds to come from general revenues.

DISTRIBUTION: *Maternity and child health.* Ten per cent of the amount appropriated for this purpose to be distributed among the states according to the number of children under 21 therein; each state to match its grant dollar for dollar. Ninety per cent to be distributed after consideration in each state of such factors as (1) the number of mothers and of children under 21 for whom care would be provided; (2) the existing level of maternal and child health; (3) the financial need of the state.

Child welfare. Fifty per cent of the appropriation to be distributed according to the number of children under 21 in each state; each state to match its grant, dollar for dollar, in the first two years, 75 cents to the dollar thereafter. Fifty per cent to be distributed among the states according to (1) the number of children under 21 for whom service would be provided; (2) special problems of child welfare; (3) financial need of each state.

Crippled children. Ten per cent of the money appropriated for this purpose to be distributed according to the number of children in each state; states to match grants, dollar for dollar. Ninety per cent to be distributed according to (1) the number of children under 21, in each state, for whom care would be pro-

fiscal year, 1946—to \$42,800,000. Since about \$43 million a year is needed to meet the maternity and infant care obligations of servicemen in the four lowest grades alone, an annual appropriation of \$50

million to buy maternity care for *all* women plus complete medical care for *all* children is so ridiculously inadequate as to show up clearly its proposers' intent to misrepresent. Obviously, \$50 million would not

vided; (2) special problems; (3) financial need of the state.

BENEFITS: *Maternal and child health.* (1) Maternity care—including medical, nursing, dental, hospital, and related services; (2) preventive care—including attention to mental health; (3) school health services; (4) diagnostic services and care of sick children—including medical, nursing, hospital, etc.; (5) dental care of children; (6) correction of defects likely to interfere with normal growth and educational progress of children; (7) demonstration projects; (8) training of professional and technical personnel.

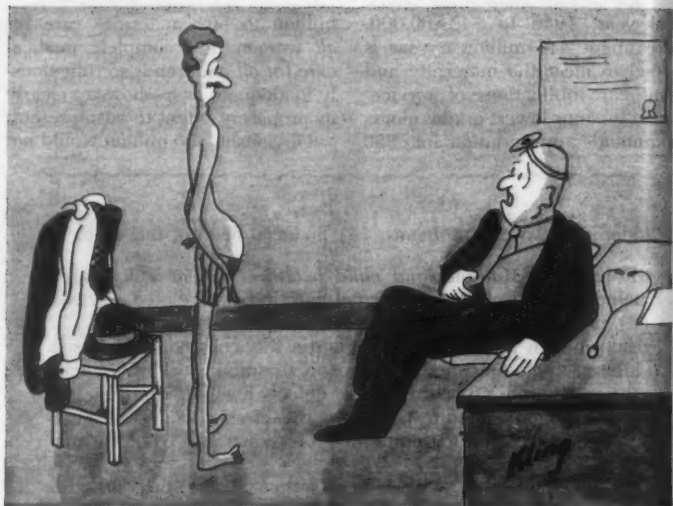
Crippled Children. (1) Medical, surgical, corrective, and other services; (2) facilities for diagnosis, hospitalization, and after-care; (3) discovery of all cases in need of care; (4) demonstration projects; (5) training of personnel.

Child-welfare. (1) Extension of child welfare work; (2) care and supervision of dependent, neglected, and delinquent children, and those in danger of becoming delinquent; (3) training of personnel.

ADMINISTRATION: To follow present EMIC pattern, with the Children's Bureau (Department of Labor) in control at the Federal level. Primary responsibility to be allocated to approved state agencies. Children's Bureau chief to formulate rules after consultation with state health officials and a general advisory committee (on which medical profession would be represented).

PAYMENT OF PHYSICIANS: State plans, after approval by the Children's Bureau, to provide "adequate remuneration" on a per capita, salary, per case, or per session basis; or, in the case of consultations or emergency visits, on a fee-for-service basis.

CHOICE OF PHYSICIANS: Patient to have right to select doctor; doctor, to accept or reject patient. Participation voluntary for both.



"FRANKLY, FEPWORTH, I CAN'T DECIDE WHETHER TO PUT YOU ON A REDUCING DIET OR ON A FATTENING DIET."

be enough for the maternity-care program *alone*.

That can be demonstrated by simple arithmetic. Disregarding, for the moment, the tremendous cost of providing medical, dental, and hospital services for all persons under 21, assume that all available funds, (\$50 million from the Federal Government, \$5 million from states*) were devoted to maternity care. Disregard the war-swollen birth rate and use the statistics of a normal year, 1939, when approximately 24 million babies were born in the United States.

Now, if 75 percent of mothers were to take advantage of the program

*States may contribute more, but they are not required to as a condition of participation.

(demonstrably a conservative estimate) the allowance per birth would be about \$33—including physician's fee, hospitalization, specialist service if required, technical service, administration, etc., which would leave nothing for the medical care of 40-odd million American children under 21.

The over-all \$100 million appropriation, put forward to lull opposition, has had precisely that effect (even among some opponents of Federal medicine). Comparing it with the estimated \$10-12 billion-a-year cost of the Wagner program, such people are inclined to regard the non-compulsory Pepper plan as a "reasonable" approach to a difficult problem.

Apparently they have not noticed

a provision in the bill whereby deficits would be made up in future appropriations.

That those future appropriations would be enormously increased there can be little doubt.

The bill carefully avoids any commitment on these questions:

Would benefits take the form of service (with professional participants paid directly) or indemnity (with beneficiary reimbursed)?

Are fee schedules (similar to the EMIC's) to be adopted? If so, are physicians' fees to be limited, so that they can collect only the amount furnished by the state for each case?

Will hospital accommodations be standardized, or will beneficiaries be permitted to use superior facilities (e.g., private rooms) by paying the difference in cost?

The answers will be found when—and if—the Children's Bureau issues its rules and regulations. And they will largely determine participation, not only by doctors, but by the public. If free medical care is made to appear as much a citizen's right as access to the the public schools, most of the population—risking no charity stigma—will avail itself of this insidious program.

The Pepper measure proposes to divide patients into categories—a fact that should give the general practitioner pause. Conceivably, a family might find itself under the care of several doctors—each working on a different phase of the program. Suppose, for instance, that the regular family physician refused to participate. The wife then might be under the care of an obstetrician who worked on a fee basis; one child might be attended by a physician employed on a capitation

Height and Weight

Handitip

Because most parents like to know how their child's weight and height compare with average measurements, a New York pediatrician uses this device: At the top of the blank on which he gives parents feeding formulae, inoculation data, and special instructions, he has provided not only spaces for the child's name age, height, and weight but also for "Normal height at this age" and "Normal weight at this age." If height or weight equal or slightly exceed the correct figure, parents are invariably pleased; if the figures are radically high or low, parents are automatically cautioned.

basis by the school-health program; another child might be under treatment by the salaried physician of a local administrative body. As long as the wife remained pregnant, the family doctor might thus retain only the father as a patient (at least until such time as a paternity welfare act were passed!).

Administrators of prepayment plans, both medical and hospital, will also find food for thought in the Pepper bill. How many subscribers could they count upon keeping, with a super-EMIC program providing free care for every person under 21 as well as for every pregnant adult? How many family heads would consider a prepayment subscription worth the cost?

By setting up a modest (although unrealistic) budget, and by emphasizing further extension of

medical care among mothers and among those under 21, the sponsors of S.1318 are certain to make capital with a good many people. By seeking to pay for such care out of tax funds, however—even when the patient could afford a physician's fee—they are suggesting complete socialization of a good slice of the doctor's practice.

The pattern is not accidental. First, there was the "patriotic" duty of aiding the wives and children of service men. Now there is the "patriotic" duty of improving the national health. Next steps will involve "patriotic" duty to the rural population, to the industrial worker, to the aged, and to the chronically ill. The completed mosaic will be Federal medicine *in toto*.

—P. A. MARVIN JR.

Management, Labor Laud Examination Program

'Kenosha plan' lets workers vote for doctor panel

Decreased absenteeism, better employe placement, greater production efficiency, and increased good will between labor and management have been chalked up as results of a program of industrial health examinations in Kenosha, Wis. (pop., 50,000).

The program got under way a year ago as the result of a suggestion by a factory superintendent who was plagued by loss of production time through illness. His company approached the Kenosha County Medical Society. Several members, were impressed by the possibilities of "wholesale" health examinations, but there was some

hesitancy about setting up a formal program.

As an experiment, the employes of one company were polled on the idea. They gave unanimous approval to a plan which would involve physical examinations for all employes at company expense. The workers were then asked to vote on their choice of doctors, and the five top physicians were asked to participate. They, in turn, arranged to work in teams of three, making their examinations in the plant during evening hours. The company agreed to reimburse them at the rate of \$3 per examination. As it worked out, the physicians received \$8-10 an hour. They gave each employe a comprehensive examination, including blood and urine tests. Present plans are to repeat the examination every six months.

The company was more than pleased with the results. For one thing, it found that men with comparatively poor eyesight were on jobs requiring perfect vision, while others with good eyes were doing less exacting work. These and comparable anomalies were corrected by transfers and reassignments.

Soon other companies became interested. They too, asked the county medical society for aid in setting up panels. A number arranged physical examinations for employes by their own doctors.

While the Wisconsin State Medical Society is not sponsoring the Kenosha plan, it is watching the project carefully. Observers believe that if it works out well on a projected twice-a-year basis, the health examination program will be adopted by many other industrial communities in the state.

—C. M. ZEPP

What's Current in Case History Forms for General Medicine

*Are you using the kind of record
best suited to your needs?*



Selecting a case history form is a good deal like buying a suit of clothes: One practitioner will find, ready-made, exactly what he is looking for; another will want something specially fitted to his requirements. Fortunately, both can be satisfied; for a half dozen suppliers now offer a choice of forms of standard and made-to-order types (some of which are illustrated in the pages following).

Main difference among the standard forms is the amount and diversity of printed detail. One record may offer reminders of all the frailties to which the flesh is heir. Another—aside from headings for name, address, etc.—may be blank.

The obvious advantage of the form with copious printed headings is that it lessens the likelihood of overlooking pertinent details—details that may be important not only medically but also as insurance against malpractice verdicts. On the other hand, too many headings consume too much time. They may also clutter the record and waste valuable space. Some physicians resolve the conflict by employing simple forms for simple histories, detailed forms for detailed histories (e.g., those which include results of complete examinations).

The 5" x 8" single filing card is

the most popular for general history records. Next comes the 4" x 6". Larger cards and sheets—folding to the above dimensions—are also available.

The folding card is useful as a carrier of supplemental forms, e.g., copies of prescriptions, laboratory reports, special histories. The single card fulfills the same purpose—but less conveniently—when a cotter pin is used to attach auxiliary records so that they can be fanned out for examination. It is also possible, of course, to keep each patient's name and supplemental records together in a special file folder.*

If your filing drawer takes 5" x 8" forms, you can use the single card of that size for the average case, the double card for more complex cases, and the folder for, say, chronic cases. Continuation cards and sheets are published for each size of general history form. In the folding card, the continuations may be inserted, to the single card, cotterpinned.

General history records are usually offered with two optional backs: one a continuation form, the other an account record. —DON GUERIN

*Such a folder without sides is better than one with sides and better also than a file envelope. Reason: the contents are more quickly accessible.

CASE NO

PATIENT'S NAME

ADDRESS

TEL. NO.

REFERRED BY

OCCUPATION

AGE

SEX

S.M.W.D

GENERAL HISTORY (LARGE)

NAME

RESPONSIBLE PARTY

EMPLOYER

AGE

SEX

S.M.W. RACE

DIAGNOSIS

TENTATIVE DIAGNOSIS

DATE

IS

PHONE

ADDRESS

ADDRESS

ADDRESS

REFERRED BY

PRESENT COMPLAINT

ONSET AND

DEVELOPMENT

FAMILY HISTORY

FATHER MOTHER

BROTHER SISTERS

COFFEE TEA

TOBACCO SLEEP

FATHER MOTHER
BROTHERS SISTERS
DRUGS ALLERGIC
COFFEES TEA
TOBACCO SLEEP
EXERCISE LAX.

PAST ILLNESSES

DIPH. SCARLET FEVER
MEASLES MUMPS
WH COUGH CH POX
PNEUMONIA FLU
TUBERC TONSILITIS
RHEUM. VENEREAL
INJURIES
OPERATIONS

CLINICAL HISTORY

HEADACHE DIZZINESS
VISION SORE THROAT
COUGH PLEURISY
PALP DYSPNEA
EDEMA FATIGUE
APPETITE GAS
PAIN VOMITING
NAUSEA BELCHING
BLOATING BOWELS
URINATION
HERNIA PILES

CLINICAL DATA

SHORT FORM

NAME OF PATIENT

ADDRESS

PHONE

DATE FIRST SEEN

SPONSOR

S M W D C

AGE

SEX

OCCUPATION

COMPLAINTS

COURSE AND PROGRESS

PRESENT CONDITION

PULSE

TEMP.

RESP.

B. P.

HEIGHT

WEIGHT

PHYSICAL FINDINGS

LAB. TESTS

PROBABLE DIAGNOSIS

IMMEDIATE TREATMENT



Special-Diet Rationing Problem Clarified for Physicians

Medical society and OPA agree on maximum weekly limit schedule



With food rationing likely to continue for several years, physicians are still being urged to cooperate closely with local OPA boards. In one area, at least, a better basis for such cooperation has recently been achieved: The Wayne County (Detroit, Mich.) Medical Society has simplified the special-diet rationing problem in and around the city by preparing a definitive schedule of maximum requirements.

Last year, the society set up a special committee, headed by Dr. E. R. Witwer, to coordinate the professional and OPA viewpoints. Months of study produced a series of tables (reproduced in the pages following) showing maximum weekly allowances of meats, fats, and processed foods adequate for persons suffering from listed diseases. Classification of these diseases by systems (gastro-intestinal, respiratory, etc.) enables the prescribing physician to see at a glance the maximum weekly requirements of almost any special-diet patient.

Detroit ration boards will provide patients with sufficient points to meet any physician's prescription based on these maximum allowances. The society has urged members to use the tables conscientiously and—whenever possible—to prescribe less than the maximum and

to substitute non-rationed foods.

In writing prescriptions, physicians are asked to observe a few simple rules: ¶ Include the date. ¶ Furnish the patient's name and address. ¶ Specify his disease or ailment. ¶ State the weekly amount (in pounds or ounces) of meats, fats, and processed foods required. ¶ Refrain from prescribing any particular cut of beef, lamb, pork, etc. ¶ Make no attempt to figure the number of red or blue points required (ration boards prefer to do this themselves).

It has been agreed that in rare cases the recommended allowances may be exceeded. On the other hand, the tables list a number of diseases with the notation that no special diets are recommended—presumably to aid the rationing boards in the control of unwarranted demands.

The tables should be studied with these facts in mind:

1. The standards used in Detroit do not apply everywhere, though they may well be used in many places. Elsewhere they can be modified to suit.

2. Local boards may—or may not—be prepared to authorize allowances up to the listed maximums. In the New York area, for instance, such supplementary allow-

**MAXIMUM WEEKLY ALLOWANCES OF RATIONED
FOODS FOR SPECIAL DIETS
WAYNE COUNTY, MICH.**

BASIC DIETS WHICH SERVE AS A GENERAL GUIDE

Diet	Meats & Fats Pounds Per Week	Processed Foods, Pounds Per Week
High caloric	5	4
Reduction	6	4
Low residue	4	8
Modified ulcer	3	8
High protein, low carbohydrate ..	6	4
Diabetic		
P 60-F 75-C 150	4	8
P 70-F 100-C 150	6	8
P 80-F 100-C 150	7	8
P 90-F 150-C 150	9	8
P 100-F 150-C 150	10	8

Pregnancy—no special diet recommended for normal pregnancy.

If complicated by abnormal conditions, prescribe according to disease present.

SPECIFIC DISEASES AND AILMENTS

Diet	Meats & Fats Pounds Per Week	Processed Foods, Pounds Per Week
<i>Gastrointestinal</i>		
Ulcer—stomach, gastric, duodenal, marginal	3	8
Gastritis	3	8
Diverticulosis of colon or duodenum	4	8
Colitis	4	8
Sprue	6	4
Nervous indigestion	3	8
Nervous dyspepsia	3	8
Gall bladder diseases	6	4
Cholesystitis	6	4
Jaundice	6	4
Gall stones	6	4
Pancreatitis	No special diet recommended	
Cirrhosis of the liver	6	4

Diet	Meats & Fats Pounds Per Week	Processed Foods, Pounds Per Week
<i>Cardio-vascular</i>		
Hypertension	No special diet recommended	
Myocarditis	No special diet recommended	
Coronary thrombosis or coronary occlusion	No special diet recommended	
Angina pectoris	No special diet recommended	
Rheumatic heart disease	No special diet recommended	
Hypotension	No special diet recommended	
Arteriosclerosis	No special diet recommended	
Pericarditis	No special diet recommended	
<i>Genito-urinary</i>		
Bright's Disease	5	4
Chronic nephritis	5	4
Glomerulo-nephritis	5	4
Arteriosclerotic nephritis	5	4
Nephrotic type of nephritis	6	4
Nephrosis	6	4
Prostate diseases (except cancer) ..	No special diet recommended	
Cystitis	No special diet recommended	
Pyelitis	No special diet recommended	
Pyelonephritis	No special diet recommended	
<i>Blood</i>		
Anemia, all types	6	4
Leukemia, all types	6	4
Purpura	6	4
Hodgkin's Disease	6	4
Lympho-sarcoma	6	4
<i>Allergy</i>		
Hay fever	No special diet recommended	
Asthma	6	4
Urticaria	6	4
Angio-neurotic edema	6	4
Eczema	6	4
Arthritis, rheumatism, neuritis ...	No special diet recommended	
<i>Respiratory</i>		
Empyema	6	4
Lung abscess	6	4
Pneumonia	6	4
Bronchiectasis	6	4
Chronic bronchitis	6	4
Pleural effusion	6	4

Diet	Meats & Fats Pounds Per Week	Processed Foods, Pounds Per Week
Cancer of lung	6	4
Malignancy of lung	6	4
Blastomycosis	6	4
Silicosis	6	4
Fungus infection	6	4
Pulmonary tuberculosis	6	4
<i>Suppurative</i>		
Osteomyelitis	5	4
Chronic bone disease	5	4
Emphysema	6	4
Empyema	5	4
Abscess	5	4
Peritonitis	5	4
Ununited fractures	No special diet recommended	
Carbuncle—unless diabetic	No special diet recommended	
<i>Endocrine</i>		
Addison's Disease	5	4
Obesity	6	4
Hyperthyroidism	5	4
Toxic goiter, nodular goiter	5	4
Hypothyroidism	6	4
Acromegaly	6	4
Gout	3	8
Blindness	No special diet recommended	
Diabetes mellitus	See diabetic diets	
<i>Miscellaneous</i>		
Hyperinsulinism	6	4
Post operative cases with debility	5	4
Malnutrition	5	4
Aged debilitated persons	5	4
Debility following acute illness	5	4
Bed cases	Name disease	
Pellagra	5	4
Cancer, sarcoma, malignancy, carcinoma, epithelioma	5	4
Hemiplegia (same as aged debili- tated persons)	5	4
Malnutrition, underweight	5	4
Epilepsy	No special diet recommended	
Pemphigus	No special diet recommended	
Cerebral hemorrhage	No special diet recommended	

ances are, on the whole, a bit under Detroit's.

The Wayne County society's approach to the problem is presented merely as a suggested method of control—not necessarily as a schedule to be adopted *in toto*.

—NELSON ADAMS

Registered Mail Brings Collection Results

Gets action from people who disclaim receipt of bills

A Midwestern physician recently checked over his stubbornest accounts—those which had been adamant against bills and collection letters. Turn them over to a collection agency—or make one last try himself? Taking the bull by the horns, the doctor made personal calls on a number of delinquent patients—stopping others as he met them on the street—and frankly asked why his numerous letters requesting payment had gone unheeded. A surprising number of debtors gave exactly the same excuse: "But, Doctor, I never received any such letters!"

That disclaimer is, of course, old stuff to commercial credit managers. To combat it, they have long made use of the registered letter—with return receipt requested.

Excellent results are reported. The person receiving a registered letter knows he cannot shrug it off as "lost in the mail," and is much more inclined to settle his account promptly. Again, the signing of a return receipt has a strong psychological effect on those who think of legal matters in terms of "written proof." And, finally, if you mark your registered letter, "please forward," it may help you locate a "skip" at his new address.

The use of registered mail naturally calls for some softening explanation on the part of the physician who wants to retain the patient. The following letter will help the debtor to save face:

Dear Mr. Billdodge:

Since I have had no response concerning your overdue balance of \$44.50, it appears that my previous statements have not reached you personally. I am therefore sending this one by registered mail. I know you enjoy a reputation for meeting your obligations promptly, so I'm sure this bill will receive your immediate attention.

Cordially yours,

Emphasizing the reputation of the debtor, the letter offers him a nice way out: He can pay up and still assert that he has never received any previous requests.

The postage (27 cents a letter) is, of course, an item to be considered. Yet the results obtainable in selected cases amply justify it. If any of your current patients are giving you a runaround, try billing them by registered mail.



Sidelights

Someone has planted the idea among several medical editors that overwork during the war period has caused the death rate of physicians to spurt dangerously upward. We have yet to find any figures to prove it. This looks like one of those plausible fallacies that passes unchallenged from one viewer-with-alarm to another.



Latest-Use-of-the-Word Department: In New York City, a cake clinic.



The return of our overseas troops will present treatment and diagnostic problems in tropical diseases which many of us have never before encountered. Let's not wait too long before preparing ourselves for this responsibility. Epidemics must not be the inspiration to acceptance of the problem.

A review of our tropical medicine is, of course, in order. But that alone is not sufficient. Public health, governmental, medical school, and hospital cooperation must be recruited as well. For the organization of our medical defenses, we offer the following suggestions:

1. That the U.S. Public Health Service, in cooperation with the Army and Navy Medical Corps, provide by mail to all practicing physicians the latest data on diagnosis and treatment of tropical dis-

eases which might possibly be introduced by returning servicemen;

2. That tropical disease diagnostic centers be set up in service hospitals to cooperate with any civilian M.D. who requests their aid in a tropical disease diagnostic or therapeutic problem;

3. That refresher courses in tropical medicine be provided in the larger hospitals, each disease being covered several times so that the course can be completed in spite of occasional unavoidable absence;

4. That certificates of credit be issued to all who complete such courses.



"The temporary victory of socialism in one country alone is possible. But its lasting victory in one country alone is impossible. That demands the victory of the revolution in other lands as well." So says Josef Stalin in "Leninism." And he proposes to implement his philosophy.

Within the next decade, the Soviet Union threatens to impose communism on all continental Europe. Britain, meanwhile, will continue its leftist trend—toward what it prefers to call socialism.

Thus, the United States will become the one great remaining capitalistic nation, hard-pressed to stay that way.

That it will yield in a measure to the pressure for socialism is prob-

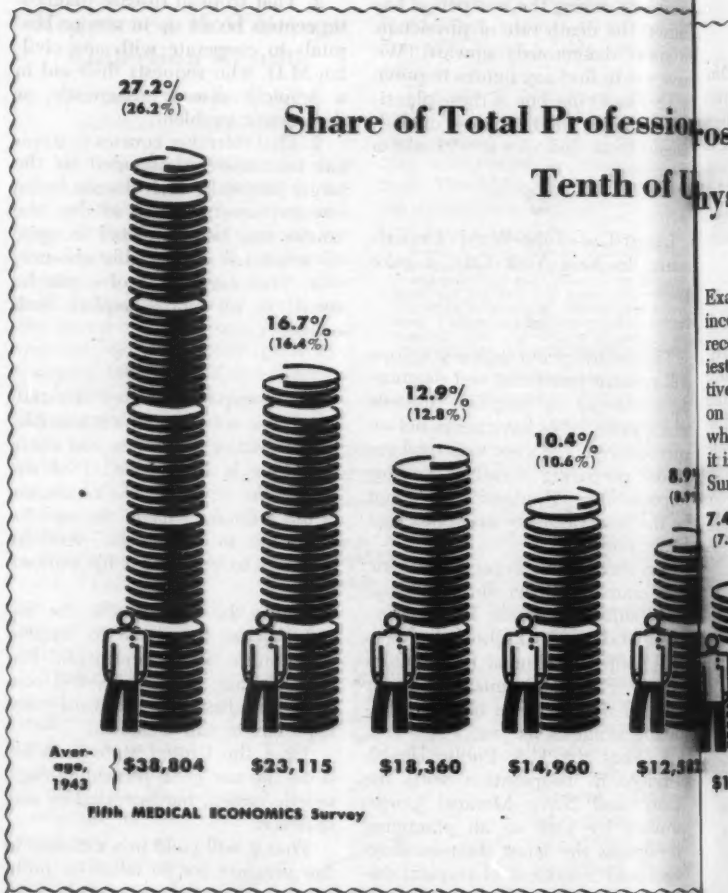
able. The big question is: How far?

The Democratic Party even under Truman is capitalizing on the trend. The Republican Party—uncertain of its policies and direction—is getting nowhere fast.

The implications here for medicine are as evident as they are re-

pugnant. No matter how much we may react against the idea of national socialization of medicine, the flow is admitted by every realist to be in that direction. Some day it may be reversed. Until then, its diversion is our number one job.

Voluntary health insurance ma-



uch will prove to be medicine's Grand
of Coulee Dam. But so far it is only a
realist project under construction.



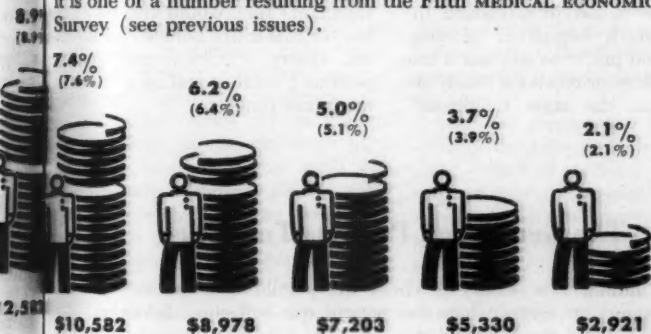
Apparently a good many doctors
and their secretaries are still using
the old device of doubling, or other-

wise increasing, the amount of a de-
linquent's bill in order to stimulate
payment.

A letter received recently from
an office nurse in California says
that if three statements bring no
results, she promptly sends out a
bill for twice the amount due. Adds

gross Income Received by Each Physicians, 1943 (and 1939)

Example: 10 per cent of physicians received 27.2 per cent of the
income in 1943; this was the wealthiest tenth. The poorest tenth
received only 2.1 per cent. Average gross income among the wealth-
iest tenth was \$38,804; among the poorest tenth, \$2,921. Compara-
tive figures for 1939 are shown in parentheses. The chart is based
on returns from active, civilian, non-salaried physicians (*i.e.*, those
who derived less than 50 per cent of their incomes from salaries);
it is one of a number resulting from the Fifth MEDICAL ECONOMICS
Survey (see previous issues).



she: "Oh boy, does that bring them to the office where we can get at them!"



The labor leaders and political-plum seekers who are beating the drum for socialized medicine have both brains and money. The money—mostly union dues—they raise among themselves. The brains—where lacking—they buy. Both are being put to active use.

Medicine, in proportion, must raise even more money and hire even more expert talent for its counter-offensive. Most of us in the profession have our share of gray matter; but we are not trained in the technique of dealing effectively with legislators. Nor could many of us give such work the time it would require. As San Francisco's county medical society bulletin puts it:

"We must produce experts to match experts. This will require more of our thought and more of our money. The medical profession should be willing and glad to give this material aid to safeguard the future which begins as of now. Would you prefer to pay out a few dollars today or receive a yearly stipend from the state tomorrow?"

Distribution of leaflets among the profession—even among the public—is but one phase of the counter-offensive. It is equally important that we—no less than labor—have at our state capitals and in Washington the most capable legislative representatives available. This is expensive; but it will bring results. And that's what counts.



Under the Wagner-Murray-Diuggell bill, an individual need not pay tax on that part of his earnings which he spends for participating in a voluntary insurance plan. Thus, on a \$100 annual premium, paid for out of a \$3,600 income, the tax saving is about 33 cents a month. Workers rejoice!



Young women up to the age of 21 would be eligible as "children" for medical benefits under Senator Claude Pepper's Maternity and Child Welfare Act of 1945. From the time of puberty (if they became pregnant) they would also be eligible for maternity benefits as mothers. Query: Could a girl qualify both as a mother and as a child at the same time?

The Gentleman Protests Too Much

7inding it necessary to check the possibility of an ectopic pregnancy in a case where the patient was suffering abdominal pain. I asked the husband if he and his wife had recently had coitus. Blushing purple, yet with a show of self-righteous indignation, he blurted his answer: "What do you mean? Of course we have! We've been married two weeks! It's legal, isn't it?"

It is *now*, I thought to myself.

—M.D., California

Service or Indemnity? Both!

*Here's the opinion of one expert on
a vital prepayment question*



The growth of voluntary prepayment plans under medical-society sponsorship demands an answer to the question: Should the beneficiary receive (1) service or (2) indemnification?

Those who advocate the service-type plan cite these reasons:

(a) Cash benefits given to the patient may be dissipated on cultists, patent remedies, liquor, fur coats, or whatnot—meanwhile leaving the doctor unpaid.

(b) Indemnity is usually limited to catastrophic illnesses; hence, many serious ailments are not caught in their initial stages.

(c) Cash benefits may lead unethical doctors to "keep the patient coming"; indemnity plans—commercial ones, at least—are not in a position to control such abuses.

(d) Cash tends to encourage malingerers; as one physician puts it: "We are all familiar with the 'completely disabled' patient who recovers miraculously as soon as his insurance payments cease."

(e) Medical indemnity plans have never been popular with the

public, although they have been offered for many years by commercial carriers; service plans may have a better chance of attracting subscribers.

(f) Indemnity requires a schedule of allowances as part of the contract, and, as doctors know, such a list is often mistaken by patients as a ceiling on physicians' charges. No such schedule is necessary in service contracts.

(g) A service plan engenders no collection losses for the physician.

Medical men who favor indemnity plans believe they have these advantages:

(a) By paying his own bill (even though the cash comes from a third party), the patient retains a more personal relationship with his doctor.

(b) The physician is more adequately compensated for his services. (Medical service plans, in many cases, pay the doctor only a fraction of his usual fee—at least until a large premium pool has been established.)

(c) Cash indemnity is less likely to lead to excessive use of the plan by subscribers with trivial complaints.

(d) Plan administration is simplified and the doctor has less paper work to do.

[Turn the page]

► The author of this article is medical director of United Medical Service, Inc., New York City.

Median gross income of U.S. physicians* in 1943 was

\$11,800



Fifth MEDICAL ECONOMICS Survey

*Active, civilian, non-salaried physicians (i.e., those deriving less than 50 per cent of their incomes from salaries).

(e) The free-choice principle has wider scope.

(f) As a rule, indemnity plans do not require the practitioner to commit himself to participation; service plans, on the other hand, call for panel membership; and since outstanding men often decline to join low-fee service plans, growth of the prepayment idea is greatly retarded.

(g) For the same reason, under the service method, standards of medical practice tend toward mediocrity.

(h) Panel participation often places the physician in the objectionable role of employee, making him subject to the rules and regulations of a lay-managed organiza-

tion, whether he likes it or not.

(i) Service plans generally impose an income limit on subscribers and are therefore subject to attack by state-medicine advocates as discriminatory; but the type of indemnity can be offered to any income group.

Since all these arguments, pro and con, are defensible, the final solution may well lie in a combination plan—one which offers medical service to those in the lower-income groups and cash benefits to all other subscribers.

When service and indemnity are thus combined in one plan, controversy becomes academic. The physician merely agrees (1) to accept service fees for those in the low-in-

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come groups; and (2) to charge others as he sees fit.

A combined service-indemnity plan will provide full coverage at low cost for those in the lower income levels, partial (catastrophic) coverage for those in the higher levels. A number of medical societies have already adopted the combination-plan concept. In New York, for example, United Medical Service, Inc., which operates under state-society sponsorship, now offers four types of contracts: (1) limited indemnity similar to the conventional health-and-accident insurance contract available through commercial carriers; (2) a surgical-and-maternity-care contract covering in-hospital service; (3) in-hospital service for surgery, maternity, and general medical cases; (4)

contract for employed groups, offering general coverage, including home and office care. All except the first operate on the combined service-and-indemnity principle. The employed-group contract is a recent development—an attempt to test the feasibility of broad coverage for both lower- and middle-income groups. A year of trial, at least, will probably be needed before its practicability can be appraised.

One of the greatest advantages of the combined plan is its stimulus to physicians to participate. The standards of service are bound to be higher when the leaders in the profession take part. And usually they will do so when conditions are made equitable and not irksome.

—FREDERIC E. ELLIOTT, M.D.

Wife's View of a Home-Office

An enthusiastic nurse and a serious doctor, we started together—as many another young married team did—with a combination home-office. Two rents to pay each month and two sets of utility bills (not to mention an office girl's salary) seemed just too much to face at the beginning.

That was fourteen years ago, when the depression was really depressing. The arrangement was to be only temporary, of course; but it's amazing how long "temporary" can be.

Although our project was called a "home-office," it became increasingly evident to me over the years that the "home" was merely an appendix. And, if I may be permitted, an appendix that had to come out.

Today I have a real home—and my husband has his office downtown. He didn't like the partition much at first, since at 45 he considers himself "settled." But I told him pretty bluntly that it



"NOW, AS YOU JUMP UP AND DOWN ON ONE FOOT TWENTY TIMES, KEEP REPEATING, 'I OWE THE DOCTOR \$90!'"

was time his family got a break and time he got away from his practice once in a while.

Lest I seem callous, let me say that as an R.N. I know and understand the complete devotion of a physician to a really sick patient. But I still maintain that a doctor should have eight hours' sleep, as well as some personal life with his family. Such desiderata are impracticable in the home-office.

True, when you are just starting, you welcome any patient who seeks you, night or day. If your wife is trained and capable, she does everything from anesthesia to janitor work, from urinalysis to diathermy; and she cooks your meals besides. Your desk is dusted every day; fresh flowers adorn the waiting room; magazines are kept in order;

and the whole place gleams like a new penny. With a wife who takes care of everything, who says winningly, "Doctor will be in soon," when she knows you're having an hour's recreation on the tennis court, and who soothes your fevered brow besides, you may well be "sold" on your home-office.

But your contentment is being paid for—by your wife. Unless she is a perfect manager, she has been summoned to the door at 10 A.M. in a house dress, with her hair in curlers, and with the desperate look of a woman out to clean a room. The caller, who's there to pay a bill, stabs her with the words, "Are you the doctor's wife?" It takes all her self-control to avoid answering, "No, I'm the maid—and shut up!"

When you hear of such incidents

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you say, "Why not get someone in to help?" That—in 1945—is a delusion of grandeur. Your wife is going to clean your office, or it won't be cleaned at all.

When your offspring—if any—gets one of the inevitable afflictions, your office becomes "a house with measles" to your more cautious patients. And it works the other way too. One doctor's wife told me of finding her baby son playing in the reception room with a child later diagnosed as having smallpox. Children learn to open doors and get into bottles too. We came home on one occasion to find our "sitter" lost in a comic book, while the twins played on the floor with a bottle of Silvo-gen tablets. The God who looks down on busy doctors and nurses must have watched over us that day, for neither of the children had thought of putting a tablet in his mouth.

As the youngsters grow, laughter must be hushed during office

hours. There can be no running through the house, no joyful yelling of "Hey, Mom!" That paragon, your wife, dare not raise her voice in temper, nor burst into song.

I'm sure we were not the only young couple who tried to transform a large old house during the depression. We are not the only ones who omitted a toilet and wash-room from the professional quarters. More than one of us, I imagine, has been shocked by the request, "My child has diarrhea; may I take her to your bathroom?" To a medically trained imagination, typhoid fever, cholera, or even gonococcus are not the least unlikely visitors.

Our kitchen ventilator fan used to waft the aroma of steak and onions—well, onions, anyway—right into the waiting room. When I weakened and cooked cabbage, fish, or cauliflower, every patient knew our dinner menu.

True, you are home for meals more regularly, and it is pleasant

One to Speak Of

Into the delivery room of a charity hospital in the South walked a huge colored woman, announcing that she was in labor. (Subsequent inquiry revealed that she had not waited to be admitted, but had found her way up a back stairway—obviously having been in the hospital before.) As the interne on duty, I was told to take her history. Before I could even ask her name, she told me there was something I should know. "Ah's had five chillun an' Ah's a primipara," she informed me. "Really!" I replied. "Whatever gave you that idea?" "Well," she said, "the very first time Ah was here, Ah done heard the chief doctah tell all the young doctahs to watch close 'cause Ah was a primipara. Every time since then, Ah've figgered Ah better explain mah condition."

—M.D., OHIO

to have them waiting for you. But you leave your food to attend to emergencies, or swallow it in a hurry because you know people are awaiting you a couple of rooms away. Your phone rings constantly—and not only for the occasional OB that needs you immediately.

You are resigned to the fact that neighbors and friends seldom drop in at your office home. But is your wife? She even hesitates to ask people to dinner, because she knows you will leave the table to go to your desk.

And I think that even I, a nurse, can be forgiven an occasional shudder at bloody dressings, bits of hair, or pus bandages. How soon I found out that if hyperemesis gravidarum needs a starter, the office pail is a natural!

Your wife knows that in a home-office you can rarely bring yourself to turn the key on your practice and relax. You spend your "leisure" hours doing bills, instead of playing gin rummy; and she dutifully helps you. As the desk work increases—and you have made no provision for an office assistant—you're obliged to wait until the last patient is gone to get your files in order. "The books" become your *bet noir*.

You have had no complaints? Silence can be ominous. If you value your marriage as much as your practice—which some of you don't—you'll give more than a passing thought to your wife's happiness. A home-office is a sacrificial altar for privacy, comfort, relaxation, and peace of mind. —ANONYMOUS



"A FINE BIRTHDAY THIS IS—THANKS TO YOU!"

Don't Combine Life Insurance With an Annuity!

*Dual-purpose policies can
be poor investments*



During the boom that followed World War I, many men who were wise enough to avoid stock speculation and Florida real estate, acted less intelligently in their choice of life insurance. With income hanging high, they thought it foresighted to invest part of their surplus in high-premium policies promising "retirement income," "retirement endowments," or "retirement annuities." What they did, of course, was to buy a life insurance and savings program all wrapped up in one package.

Such a plan proved to be uneconomical, many a buyer realized, when the lean years of the depression set in.

A man may die young and leave liabilities, or live long and become one himself. To offset both contingencies, the physician is often urged to buy a policy that provides (1) a monthly income of \$100 for life if he lives to the retirement age of 60 or 65 and (2) payment of a minimum of \$10,000 to his estate if he dies before that age.

A major drawback is that only one of the two benefits can materialize—despite the fact that the premium covering both protection and retirement income must, of necessity, be charged on the insurance-annuity combination in order that a sizable sum will be available at

age 60 to yield the lifetime monthly income.

Another problem occurs in the event of a depression: Incomes then plummet. Expenses must be shaved. Perhaps the policyholder can no longer meet the high premiums to which he is committed (\$7.2 billion worth of life insurance was surrendered or lapsed in the year 1932 alone).

History now threatens to repeat itself. Incomes are peak-high and—except for a temporary drop as the country adjusts itself to a peacetime economy—are likely to remain that way for some time. Again there is the urge to put something away for the future; again there is widespread interest in the life-insurance-annuity contract. Thus, as an insurance consultant, I am resigned to hearing, three, five, or ten years from now, the old story: "Bought in a boom, dropped in a depression."

What's wrong, then, with combining systematic savings with protection? Potentially, quite a number of things.

Take a hypothetical doctor, aged 40. His income is good and, since he has a wife and two teen-age children, he decides to buy more insurance. Talking with friends (who know no more about the subject than he does), he is sold on the

Physicians' Assistants



In 1943,

- 19.3% of physicians* employed secretaries
- 23.4% employed registered nurses
- 15.4% employed technicians
- 3.5% employed physicians

*Among 1,000 non-salaried physicians (i.e., those deriving less than 50 per cent of their incomes from salaries) who responded to the 1943 MEDICAL ECONOMICS Survey.

idea of buying a \$10,000 insurance-annuity policy which features a life-time retirement income beginning at age 60. The premium will readily fit into his current budget.

For \$667.50 yearly (or \$176.20 quarterly), his family will have a minimum of \$10,000 protection until he reaches the retirement age. Thereafter, the insurance ceases if he elects to take the \$100 monthly for life. Then if he dies within 100 months, the monthly payments will be paid to a beneficiary for 100 months, less the number of months the insured had received income payments. (For instance, if the insured had been paid \$100 a month

for twelve months, and had then died, his beneficiary would be paid \$100 a month for eighty-eight months.)

What's wrong with his plan? Here are its major defects:

¶ With interest added, his annual outlay is \$704.80 (4x\$176.20), or \$27.30 more than it would be were he to pay the annual premium of \$667.50. Thus, in twenty years (from age 40 to 60), his additional outlay is \$546 (20x\$27.30). But it should be remembered that interest charges can be averted if the insured makes a practice of paying his premiums annually.

¶ Let's assume the physician dies

at age 54, whereupon \$10,000 becomes payable to his family. What has it cost him to leave that amount? In fourteen years, he has paid the company \$9,867.20 in quarterly premiums. But had he, at age 40, bought protection only—by purchasing a \$10,000 twenty-year-term policy (without cash surrender value) for an annual premium of \$156—his fourteen-year outlay would have been only \$2,184. Looked at in this light, the dual purpose plan has cost him \$7,683.20 extra—largely because additional premium deposits were required to build up a reserve for monthly income payments—payments which, because he died at 54, the company will never have to make.

¶ Suppose the physician lives to 60 and becomes eligible for his retirement income. His quarterly premiums for twenty years have totaled \$14,096. He may, if he desires, accept a lump-sum settlement

of \$15,560 in lieu of monthly income payments for life. Should he do so, his increment (\$1,464) represents a yield substantially less than he would have received had he placed his quarterly premiums in a savings bank. True, he has protected his family for twenty years, but he could have bought this same protection at much lower cost in other forms of insurance. And, had he invested the difference in some other program of compulsory savings, he would have gained a higher rate of return than his dual-purpose plan has brought.

Now let's suppose he passes up the cash-settlement option and decides to accept the \$100 monthly life income. At 60, his life expectancy is fifteen years, but there's a 50-50 chance he will not live to 75.

Suppose he dies at age 66. He will then have collected \$7,200 in six years, and his estate will be entitled to twenty-eight monthly pay-

Hair Raising

When I couldn't discover the cause of the old man's insomnia, I decided to question the other patients on the six-bed ward. (Barbiturates weren't used much in those days—1905.)

"I'll tell you the trouble," one patient volunteered. "The old fellow spills food in that big, shaggy beard of his. Every night a mouse comes, nibbles at the whiskers, and that wakes the old man up. The mouse gets scared and runs away, but comes back and wakes him up again just as soon as he dozes off. That goes on all night."

Next evening, I got a mousetrap, baited it with cheese, and placed it on the oldster's chest. Around ten o'clock, there was a loud click and I went over to have a look. Sure enough, there was the mouse—caught fast in the trap, along with a few whiskers.

After that, the patient slept soundly every night.

—THEODORE BANCE, M.D.

ments of \$100 each for a grand total of \$10,000. His cash values at 60 were \$15,096. Thus his family is the loser by \$5,096.

Of course if the insured dies within 100 months after his 60th birthday his beneficiary will receive the \$100 monthly payment for the balance of the 100 months. This guarantee, or a similar one, is common to all such contracts (some of which make the payment period 120 months).

¶ Assume that a depression sets in when the doctor reaches 45. His collections fall off; income drops. Meeting the premiums suddenly becomes a real burden. Yet meet them he must—or modify the plan.

In five years, his quarterly premium payments have totaled \$3,524. The cash-surrender value of his policy is only \$2,510. He may, of course, borrow any amount on it up to that figure—at 5 per cent interest. But that will reduce the amount of the coverage until the

loan is repaid. Moreover, borrowing his own funds at 5 per cent when they are earning 3 per cent or less, doesn't make sense from an investment viewpoint.

If he chooses to surrender his policy, he loses his insurance, and his five-year protection will have cost him \$1,014.

There are other possibilities; e.g., the company may permit him to change to an ordinary life policy (although his contract may contain no such option). To make the change over, however, the doctor will have to pass a new medical examination, and the new policy will cost him about \$265 a year in premiums. If he proves to be insurable at 45, as a consolation award, he will receive from the company the difference in cash values between the two policies as issued at age 40.

With so many evident weaknesses in this type of policy, why do people continue to buy it? Probably because it seems to offer a lot for the

POSITIONS FOR WAR-VETERAN PHYSICIANS

Any physician returning to civil life from the armed services or from a war agency may insert *free* in the domestic edition of **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted classified ad (maximum: 24 words). The following data (which will be kept confidential) must accompany the copy for each ad: name; address; rank or position; date. Copy must reach **MEDICAL ECONOMICS** by the 5th of the month preceding publication. Address: Veterans' Service Editor, Medical Economics, Inc., Rutherford, N.J.



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"SR" Stickbands, U.S.P. . . . medicated and plain, in waterproof fabric or regular flesh color . . . in $\frac{3}{4}$ " and 1" widths . . . and in the new 6" size.

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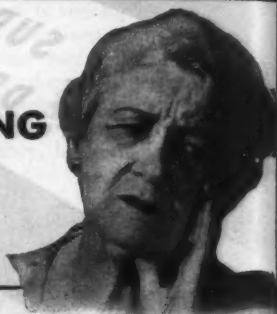
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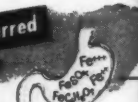
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money. The combination life-insurance-annuity contract can be presented most attractively. But it is important that its limitations, as well as its virtues, be thoroughly understood.

—W. CLIFFORD KLENK

Chiropractors Seeking Federal Recognition

Claim free choice limited on compensation cases

Aware that their prestige would be immeasurably enhanced by some sort of Federal recognition, chiropractors are leaving no stone unturned to force passage of a bill (S. 178) introduced by Senator Abe Murdock (D., Utah) earlier this year, but not yet reported out of committee. The bill would amend the compensation law covering Federal employees to the extent of recognizing chiropractors as qualified practitioners subject to reimbursement by the compensation commission, a status they have sought unsuccessfully a number of times in the last five years.

Recent hearings on the bill before a Senate subcommittee* were revealing. John J. Nugent, director of education of the National Chiropractic Association, asserted that many postal clerks who have suffered back injuries prefer treatment by chiropractors, but are denied exercise of free choice by the limitations of the law.

To qualify himself as conversant with matters medical, Nugent declared that he had prepared questions for medical licensure exams

in Connecticut and had helped to correct the examination papers of candidates. This employment he interpreted as "official recognition" by the state licensing board. But Dr. Herman G. Weiskotten, dean of Syracuse University College of Medicine, produced a letter from a member of the licensing board denying categorically that Nugent's questions had ever been used in medical examinations.

Nugent also made much of a claim that chiropractors are trying to improve standards by raising a million-dollar fund to endow chiropractic education. But Dr. Weiskotten introduced evidence demonstrating that such a fund would be wholly inadequate.

Undaunted, Nugent declared that chiropractic school standards already compare favorably with those of medical schools. Both, he said, require about the same number of study hours in the basic sciences. Medical witnesses, however, derided mere elapsed time as a criterion of quality; they reminded the committee that adequacy of instruction, availability of clinic, hospital, and laboratory facilities, and other governing factors are not measured by the clock.

Several listeners recalled Nugent's own statement in the National Chiropractic Journal: "The fact is painful and most obvious, but the chiropractor is not accepted on the same plane with other professions, and the reason is that we lack the cultural and educational background which even the laborer expects to find in a professional man . . . An inspection of a number of schools throughout the country, made during the past year under the direction of the committee on

*Its members: J. William Fulbright (D., Ark.); Dennis Chavez (D., N. Mex.); H. Alexander Smith (R., N.J.); and Wayne L. Morse (R., Ore.).



NUTRITION AND THE TIME FACTOR *in Convalescence*

Febrile and certain metabolic diseases impose a serious drain on the nutritional reserves of the organism. The need for virtually all nutrients is increased considerably, far beyond the point where dietary adjustment can be expected to compensate. Hence, as convalescence begins, the incurred deficit must be made good before complete recovery can ensue. In fact, the sooner nutritional deficiencies are corrected, the more quickly will normal strength and vigor return.

The use of Ovaltine, made with milk

as directed, helps to raise the convalescent's intake of essential nutrients to desired levels. This delicious food drink provides biologically adequate protein, readily assimilated carbohydrate, highly emulsified fat, B complex and other vitamins, and essential minerals. Its low caloric tension makes for quicker gastric emptying, hence it does not cloy the appetite. The attractive, appealing taste of Ovaltine assures its acceptance by the patient, hence it may be given in the recommended three glassfuls daily for maximum benefit.

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Three daily servings of Ovaltine, each made of
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CARBOHYDRATE	62.43 Gm.	VITAMIN D	480 I.U.
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*Based on average reported values for milk.

educational standards, revealed a heterogeneous and disordered scene . . . Our schools presented a museum of diversity—a conglomeration of ideas, practices, and prejudices as diversified as the individuals who controlled their destinies. True, three or four schools were found with satisfactory pedagogical direction, but in general conditions were disordered and confusing. It became evident that before standards can be raised we must first have a standard."

On top of that, the AMA produced statistics showing that from 1927 through 1943 only 27.7 per cent of the chiropractic candidates succeeded in passing basic science examinations in the states where they are required, whereas 88 per cent of the medical candidates passed.

Dr. Frederick J. Quigley, executive secretary of the committee on legislation of the Medical Society of New Jersey, presented a detailed and devastating description of the five accredited schools of chiropractic in the U.S. He pointed to their inadequate facilities, their small

faculties, their spectacular advertising. Only one chiropractor, he said, has been licensed in New Jersey since 1921.

Maj. Gen. George F. Lull, deputy surgeon general of the Army, testified that chiropractors are not considered competent by the military forces and that none are employed by the Army.

Chief support for the proposed amendment came from a number of postal employe associations. There was also some sentiment among members of the Senate for accepting chiropractors who had been state-licensed.

Although hearings on S: 178 have been declared ended, an attache of the subcommittee recently told a MEDICAL ECONOMICS correspondent that the minutes had not yet been printed since there was a possibility that more people would ask a chance to testify. That appeared to leave an avenue open for additional medical groups who wish to be heard—and for those chiropractors who still feel they may be able to force the amendment to the floor of the Senate.

—A. G. ROSS

And Worth It

Forty years ago I brought her into the world. I did not see her again until last month, when she called at my office and asked me to complete an entry on her birth certificate. I did so, and she handed me \$10.

Of course, I said there was no charge; but she insisted I keep the money. She knew, she said, that I had never been paid for my services when she was born, and that \$10 was the regular obstetrical fee hereabouts at that time. (I did not mention the fact that with compound interest at 5 per cent, the original \$10 would by now have grown to more than \$70.)

—ARNO C. VOIGHT, M.D.

The Declining Birth Rate: Its Effect on Practice

*Wartime increase fitted into
the long-term pattern*



From Pearl Harbor until the end of 1944, more than 9,000,000 babies were born in the U.S.—more than in any comparable period in American history. High year was 1943, when 2,934,860 births were reported*. In the first few years after demobilization it is safe to assume that the rate will soar again.

All recent birth statistics are, of course, influenced by the war. Actually, the birth rate in the U.S. has been on the downgrade for decades; and it is expected that the long-

term decline will continue, but at a retarded rate.

The number of births in each of the next twenty-five years will vary little from the number in 1940, because the declining rate will be offset by an increase in the general population. As a matter of fact, the total volume of obstetrical practice, except for the immediate postwar increase, will probably not vary much during the next few decades.

Nevertheless, gynecologists and obstetricians may expect some changes. Tabulation of birth rates according to age of mother (Table

*Since not all births are reported, the total was no doubt well over 8 million.

Table 1
PERCENTAGES OF TOTAL U.S. BIRTHS, ACCORDING
TO AGES OF MOTHERS, 1920-1940

Year	Age							
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
1940	0.1	12.7	31.3	27.4	17.0	8.5	2.6	0.2
1935	0.1	12.5	30.6	26.2	16.6	9.9	3.4	0.3
1930	0.1	12.2	29.7	25.1	17.3	11.0	3.7	0.3
1925	0.1	10.2	27.6	26.4	19.1	11.7	3.9	0.4
1920	0.1	8.7	28.2	27.7	18.7	11.8	4.0	0.4

SOURCE: BUREAU OF THE CENSUS

Table 2
NUMBER (AND PERCENTAGE) OF LIVE BIRTHS
ACCORDING TO PERSON IN ATTENDANCE,
U.S., 1935-1943

Year	Births	Births Attended by			Other and Not Specified
		Physician in Hospital	Physician Not in Hospital	Midwife	
1943	2,934,860 (100%)	2,115,582 (72.1%)	615,754 (21.0%)	192,715 (6.6%)	10,809 (0.4%)
1942	2,808,996 (100%)	1,906,833 (67.9%)	693,921 (24.7%)	196,061 (7.0%)	12,181 (0.4%)
1941	2,513,427 (100%)	1,537,719 (61.2%)	759,986 (30.2%)	203,815 (8.1%)	11,907 (0.5%)
1940	2,360,399 (100%)	1,316,768 (55.8%)	825,271 (35.0%)	204,968 (8.7%)	13,392 (0.6%)
1939	2,265,588 (100%)	1,158,528 (51.1%)	885,829 (39.1%)	208,843 (9.2%)	12,388 (0.5%)
1938	2,286,962 (100%)	1,098,530 (48.0%)	956,879 (41.8%)	217,917 (9.5%)	13,686 (0.6%)
1937	2,203,337 (100%)	987,032 (44.8%)	982,303 (44.6%)	220,344 (10.0%)	13,658 (0.6%)
1936	2,144,790 (100%)	878,222 (40.9%)	1,014,700 (47.3%)	223,577 (10.4%)	28,291 (1.3%)
1935	2,155,105 (100%)	795,629 (36.9%)	1,089,832 (50.6%)	229,977 (10.7%)	39,667 (1.8%)

SOURCE: BUREAU OF THE CENSUS

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The FINISHED BEVERAGE, made according to directions on label, will contain 600 UNITS VITAMIN C, and 333 UNITS VITAMIN B₁, TO EACH 8-OUNCE GLASS.

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A marked analgesic, decongestant effect.

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Table 3
ESTIMATED NUMBER OF CHILDREN, 0-14 YEARS,
U.S., 1940-1965

Year	Total		Age Range	
	0-14 Years	0-4 Years	5-9 Years	10-14 Years
1940	33,936,000	11,405,000	10,685,000	11,746,000
1945	34,730,000	12,805,000	11,280,000	10,645,000
1950	36,593,000	12,596,000	12,709,000	11,288,000
1955	37,145,000	11,915,000	12,514,000	12,716,000
1960	35,920,000	11,528,000	11,848,000	12,544,000
1965	34,906,000	11,576,000	11,469,000	11,861,000

SOURCE: NATIONAL RESOURCES PLANNING BOARD.

1) indicates a continued decrease of births among women thirty years of age and older. As time goes on, an increasingly large proportion of young mothers may be expected. Small families will prevail, too. Physicians will deliver more mothers of a first or second child, fewer of a third (or later) baby.

Most deliveries will be in hospitals (see Table 2). Accouchements in homes have been declining consistently since 1935; while those in hospitals more than doubled between that year and 1943. Midwives will fade more and more into the background.

The wartime increase in the birth rate will have its impact also upon

pediatricians and general practitioners during the next two decades (see Table 3). While there will be a decreasing proportion of children in the total population, the absolute number may increase until about 1955, after which there will be a numerical decline too.

Offsetting the declining birth rate will be a declining mortality. In the twenty-eight-year period from the establishment of the birth registration area in 1915,* until 1943, infant mortality per 1,000 live births dropped from about 100

*In that year, the Census Bureau established an "area" composed of states in which at least 99 per cent of births were registered. Starting with ten states, the area now includes all forty-eight.

► MEDICAL ECONOMICS commissioned I. M. Moriyama, PH.D., of the Bureau of the Census, to make a comprehensive study of census figures, indicating how medical practice may be affected by now-discernible population shifts, the changing pattern of mortality, the aging of the people, and similar factors. His findings will be presented in several separate articles. This is the first.



D

**ANTISPASMODIC AND SEDATIVE
IN CONVENIENT TABLET FORM**

Indicated in an unusually wide range of spastic disorders, including pylorospasm, hyperchlorhydria, intestinal irritability, biliary and renal colic, dysmenorrhea, enuresis, Parkinson's disease, vomiting of pregnancy—and other manifestations.

- 1. NON-TOXIC**
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- 3. RELIABLE ACTION**
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Thyroid <i>Duo-sayed</i>	1 gr.
Thiamine Hydrochloride.....	1 mg.
Riboflavin.....	2 mg.
Niacinamide.....	10 mg.
Brewers' Yeast.....	4 gr.

Thyroid *Duo-sayed* has dependable, uniform potency. Each lot must meet the U.S.P. test for *total iodine* content and the British Pharmacopoeia test for *thyroxin* content—a double assay which avoids variabilities.

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to 40; and there is little doubt that the decline will continue, perhaps reaching a level of about 35 in 1950 and possibly 20 in 1970. Indeed, a number of states have already recorded an infant mortality rate of less than 30, but obstetricians agree that attaining the predicted low of 20 will mean considerable striving toward the prevention of deaths due to prematurity and to injury at birth. —I. M. MORIYAMA, PH.D.

Congress Asked to Set Up Vast Research Program

Nation seen verging upon 'scientific bankruptcy'

When Congress recessed, it had before it a number of bills—some major, some minor—all proposing a vast postwar expansion of scientific research under Federal financing. And upon the desk of President Harry S. Truman lay the lengthy report of Dr. Vannevar Bush, director of the Office of Scientific Research and Development. Dr. Bush had completed one of the last tasks assigned by the late President Roosevelt: a study of American scientific needs and potentials. With release of the report's text, its recommendations were incorporated in a bill and placed before the Senate by Senator Warren Magnuson (D., Wash.). Principal feature: establishment of a National Research Foundation with power and funds to finance most of the country's future academic research.

Coincidentally, the Senate Subcommittee on War Mobilization, headed by Senator Harley M. Kilgore (D., W.Va.) submitted its own report (based, in part, on data

furnished by Dr. Bush); and it, too, asked for the establishment of a Federal foundation*. In this case, Senators Kilgore, Claude Pepper (D., Fla.), and Edwin C. Johnson (D., Col.) introduced the implementing bill.

The Bush report, prepared with the assistance of four committees of nationally known scientists, pictured the U.S. as being on the verge of scientific bankruptcy. Reasons: (1) American devotion in pre-war years to applied science rather than to basic research, with a consequent dependence on Europeans for pure research; and (2) the drastic stoppage in the development of young scientists during the war.

The cure recommended by Dr. Bush:

¶ A Government foundation to develop scientific research.

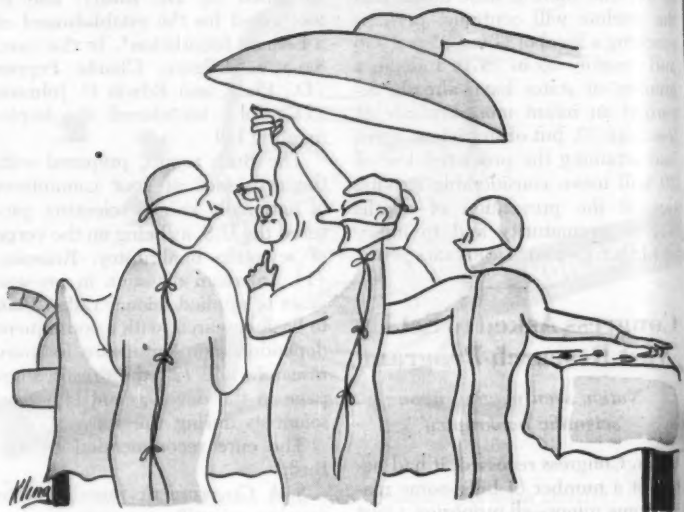
¶ Federal grants that would eventually amount to \$90 million a year (\$20 million for medical research, \$50 million for the natural sciences, \$20 million for military research) to schools and research institutions.

¶ Science scholarships for 6,000 undergraduate and 300 graduate students annually.

¶ Immediate screening of scientific talent in the armed forces for education at Government expense.

The foundation, said Dr. Bush, should consist of nine members appointed by, and responsible to, the President. Term of each would be four years. All would serve without compensation. [Turn the page]

*Its governing board would comprise the Secretaries of War, Navy, Interior, Agriculture, Commerce, and Labor, the Attorney General, the head of the Federal Security Agency, and eight members at large to be appointed by the President. In the field of medical research, nine "outstanding" men would have the responsibility of continuing in peace the functions of the committee on medical research. OSRD.



"WELL, FOGWASH, THERE'S YOUR OVARIAN TUMOR!"

Dr. Bush proposed five divisions in the foundation: (1) medical research; (2) physical sciences; (3) national defense; (4) scientific personnel and education; and (5) publications and scientific collaboration.

"We can no longer depend on ravaged Europe as a source of fundamental knowledge," he told the President in his report. "Furthermore, a nation which depends upon others for its new basic scientific knowledge will be slow in its competitive position in world trade, regardless of its mechanical skill.

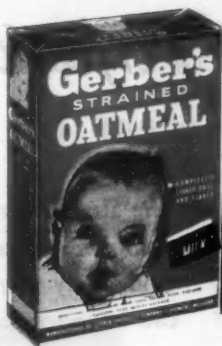
"On the wisdom with which we bring sciences to bear in the war against disease, in the creation of new industries, and in the strengthening of our armed forces depends, in a large measure, our future as a nation."

"Advances in science will also mean more jobs, higher wages, shorter hours, more abundant crops, more leisure for recreation and study, for learning how to live without deadening drudgery."

Lauding the tremendous strides made against disease, Dr. Bush recommended Government support of research in medical schools. "The striking advances in medicine during the war have been made possible only because we had a large backlog of scientific data accumulated through basic research in many scientific fields." But further progress, he warned, depends upon "an expanding body of new scientific knowledge. Notwithstanding great progress in lengthening the span of life and in relieving suffering, much illness remains for which adequate means of prevention and

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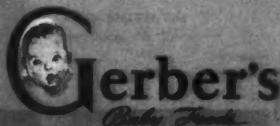
Gerber's Strained Oatmeal, as the table below shows, is rich in added iron and thiamine (derived from natural sources).

Gerber's Strained Oatmeal mixes to a smooth, uniform texture, is pleasant tasting. It has very low crude fibre content which makes it suitable as a starting cereal for infants. Pre-cooked, dried, flaked—it is ready-to-serve with the addition of milk or formula.

Many physicians have found that serving Gerber's Strained Oatmeal, alternating with Gerber's Cereal Food helps baby eat better by avoiding monotony. Gerber's Strained Oatmeal is especially useful in cases where a wheat allergy is indicated.

* IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

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National Research Council recommended allowance for infants.....	0.40	6.0
One ounce Gerber's Strained Oatmeal.....	0.42	12.3
(Gerber's Strained Oatmeal: 109 Calories per ounce.)		



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afflictions of
mankind."*

Drueck, C. J. Med. Times and
Long Island M. J. (Mar.) 1934

Constipation is not only the commonest of symptoms observed by doctors, but more often than not it is the result of habit rather than any anatomical defect. Constipation is not a respecter of season or age of individual.

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KONDREMUL—an Irish Moss-Mineral Oil Emulsion— (*Chondrus crispus*)

—is presented in three forms, which allow a gradation of treatment for varying types:

For mild cases—Kondremul Plain

In ordinary atonic constipation—Kondremul with non-bitter Extract of Cascara*

In resistant cases—Kondremul with Phenolphthalein* (2.2 grs. phenolphthalein per tablespoonful)

*Caution: Use only as directed.

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BOSTON, MASS.

cure are not yet known. While additional physicians, hospitals, and health programs are needed, their full usefulness cannot be attained unless we enlarge our knowledge of the human organism and the nature of disease."

Dr. Bush believes the armed forces are a fertile source of scientific talent, and advocates the screening of men who have given evidence of aptitude for education both here and abroad.

In his report, Dr. Bush stressed these five fundamentals:

"1. Whatever the extent of support, there must be stability of funds over a period of years so that long-range programs may be undertaken.

"2. The agency to administer such funds should be composed of citizens selected only on the basis of their interest and capacity. They should be persons of broad interest in, and understanding of, the peculiarities of scientific research and education.

"3. The agency should promote research through contracts or grants to organizations outside the Federal Government. It should not operate any laboratories of its own.

"4. Support of basic research in the public and private colleges, universities, and research institutions must leave the internal control, personnel, and method and scope of research to the institutions themselves. This is of the utmost importance.

"5. While assuring [such] complete independence and freedom, and while retaining discretion in the allocation of funds, the foundation must be responsible to the President and the Congress."

Endorsing the Bush report in

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Rarest sound ever heard in my office is that of a child crying. And there's good reason: Those who keep quiet during treatment receive a two-fold reward: a lollipop and a certificate of membership in our Never-Cry Club. The certificate, a handsome affair, reads thus: "This certifies that — is a member of the Never-Cry Club, and entitles him to a lollipop each time he comes in. Signed, —, Secretary." The idea has worked wonders with timid children aged four to nine.

—M.D., ILLINOIS

principle, Waldemar Kaempffert, science editor of the New York Times, has much to say in criticism of it:

"It is astonishing that, far from exploiting the experience gained by the OSRD in war, the grant-in-aid system is the backbone of the suggested program. That system is now an academic necessity, because it enables many a university teacher to win an otherwise difficult promotion. But there is no continuity of research in a given field, as the great foundations are beginning to realize.

"At the outset of war, this country mobilized scientists in the British fashion. The OSRD mapped out the whole field of military and medical science with the aid of the National Research Council. It sought out the best scientists and laboratories and engaged them by contract to develop projects. In a word, it organized, it planned, it directed.

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**STOPS HEMORRHOIDAL PAIN
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RECTAL MEDICONE

This procedure, which brought brilliant results, is to be abandoned for a kind of laissez-faire system, much like that adopted by philanthropic foundations."

Mr. Kaempffert believes that the grant-in-aid provision of the Bush report sprang from a desire for "absolute freedom of research, particularly in fundamental science. It is argued," he says, "that the great discoverers—men like Pasteur, Einstein, Rutherford—fret under restrictions of any kind. Yet, in the great industrial laboratories of Europe and America, fundamental discoveries are made that rank with those made by university professors. It is worth recalling that four Nobel Prize winners have come out

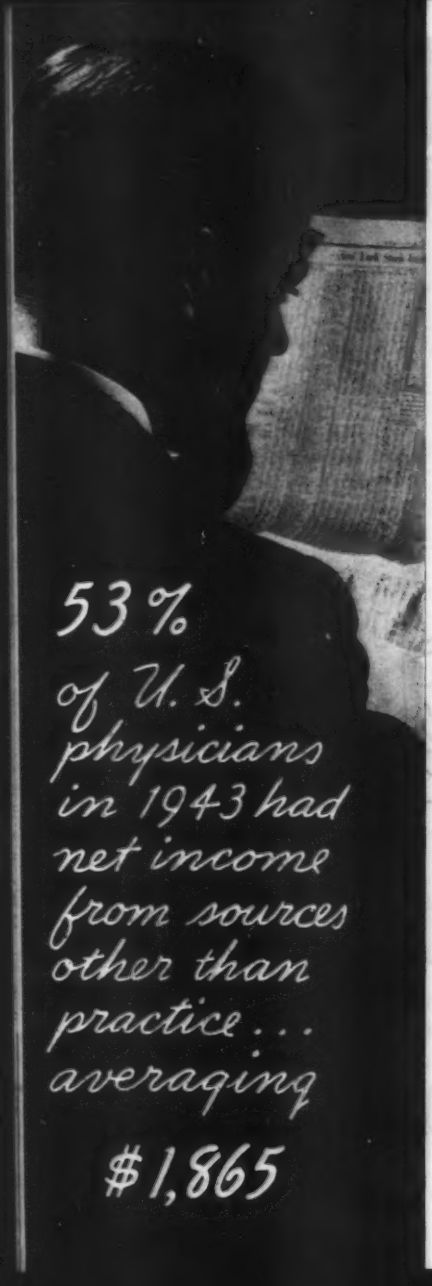
of industrial laboratories.

"The plain truth is that there is no difference between 'pure' and 'applied' science. Science is science, whether it is engaged in solving the problem of television or of the constitution of matter. Nor is there any difference between the research approach of an industrial and a university laboratory.

"The fear of regimentation is groundless. First-class men, many of them former university professors, find themselves just as free in industry as they were in academic halls. Nothing seems to have been learned from industry, which is now doing as much important work in fundamental physics as our universities are doing."



"HE'S MY DOCTOR. HE WANTS TO BE NEAR ME
IN CASE OF ANY EMERGENCY."



Physicians' Outside Income

Somewhat more than half of U.S. physicians* enjoyed an income from sources other than practice in 1943. For men in the first half of their careers (see table) it averaged about \$1,300 a year; for those in the second half, about \$2,200; for all, \$1,865. (Distributed among the have-nots too, it would have averaged \$990.)

These facts have been distilled from returns made in the Fifth MEDICAL ECONOMICS Survey. In an accompanying report, elsewhere in this issue, the method of conducting the survey is described.

PHYSICIANS* INCOME FROM SOURCES OTHER THAN PRACTICE, ACCORDING TO YEARS IN PRACTICE, 1943 **

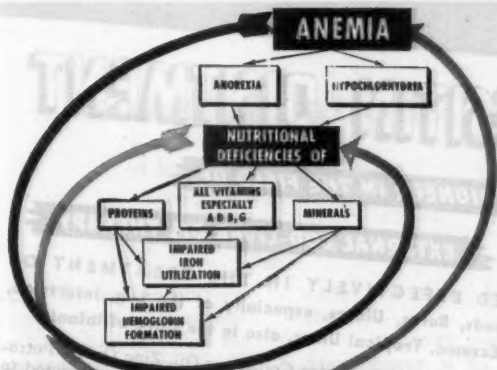
Years in Practice	Outside Income
All years	\$1,865
Under 7	\$1,284
7-17	1,292
18-32	2,085
Over 32	2,337

*Active, civilian, non-salaried physicians (i.e., those who derived more than 50 per cent of their income from salaries).

**Computations are based only on returns of physicians who had such supplementary income.

53%
of U. S.
physicians
in 1943 had
net income
from sources
other than
practice...
averaging

\$1,865



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Nutritional Deficiency IN HYPOCHROMIC ANEMIA

Patients with hypochromic anemia resulting from nutritional deficiencies or blood loss exhibit one common feature: With anemia once established, the ensuing reduction of gastric acidity, lack of appetite, and increased fatigability tend to decrease further the food intake, thus promoting or intensifying nutritional deficiencies and the progress of anemia.

Hence anemic patients will be benefited most if not merely iron is sup-

plied (usually but one of the deficient nutrients), but also the factors which make for optimal iron utilization, which lessen fatigability and increase the appetite.

Heptuna provides not only an adequate amount of highly available iron but, in addition, notable quantities of the fat-soluble vitamins A and D, and the B-complex vitamins (partly derived from a vitamin-rich liver extract and yeast).

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Each Capsule Contains:

Ferrous Sulfate.....	4.5 grains
Vitamin A.....	5000 U.S.P. Units
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Vitamin D.....	500 U.S.P. Units
Vitamin G (0.50 mg.).....	500 micrograms
together with liver concentrate (vitamin fraction), derived from 4 grams of fresh liver, and dried brewers' yeast.	

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USED EFFECTIVELY IN THE TREATMENT OF
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Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petrolatum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces *stabilization* of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

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*A little note to a colleague
can give him a big lift*



A physician—like anyone else—enjoys and appreciates an occasional pat on the back. And there are numerous occasions when you can fittingly pay tribute to the achievements of a colleague. Here are some of them:

¶ Election of an associate to an office in a state or county medical association. *Example:*

Dear Harry:

Just a note to congratulate you on your election as president of the state medical association.

Such high tribute from your colleagues is a fitting reward for many years of splendid service to the profession and to the people of the state. I am sure that all your friends will be as happy as I was to learn of it.

Sincerely yours,

¶ Appointment of a physician to the staff of a hospital. *Example:*

Dear Paul:

Accept my hearty congratulations!

Your appointment to the staff of Longview Hospital is the finest type of professional recognition and an honor which you richly merit.

The announcement pleased me so much that I wanted to

write you these few words about it.

Sincerely yours,

¶ Appointment of an associate to the faculty of a school. *Example:*

Dear Vic:

I read in this morning's paper of your appointment to the staff of the University of Oklahoma Medical School.

Let me convey my congratulations and good wishes. I'm sure you will enjoy your association with the school, which is most fortunate in adding to its faculty a man of your ability and achievements.

Sincerely yours,

¶ Opening of a clinic or private hospital by an associate. *Example:*

Dear Dr. Freeman:

My warm congratulations on the opening of the Freeman Clinic!

The institution will perform a great and continuing service to the people of this community. Under your capable guidance, I know it will bring credit to both our city and state.

My very best wishes to you and to the members of your staff.

Sincerely yours,

¶ Publication of a paper by an as-

sociate. *Example:*

Dear Dr. Johnson:

I have just finished reading your article, "When Your Doctor Returns from the War."

Your conclusions are based on sound reasoning and careful analysis. I enjoyed so much what you had to say that I wanted to compliment you on a job well done.

Sincerely yours,

† Recognition accorded an associate for long service. *Example:*

Dear Warren:

Forty-two years of unselfish service to one's fellow men is a record of which any person might well be proud.

I'd like to convey my warm congratulations for your splendid service to the people of Westport. The place you hold in their hearts is the finest reward that any man could win.

Since I must be out of town next Tuesday, when members of the Chester County Medical

Urology Comes to the Hinterland

In his Park Avenue office, my friend, Dr. X, practices that most interesting specialty, urology. He requires no written testimonials of his skill. He sees such approbation in the smiling faces of his patients. There is Monsignor K, restored to a new pulpital life by prostatic surgery. There are Tycoon and Madame K, both made available for the postwar social renaissance by newly rebuoyant bladders. There is the Wall Streeter whose micturitionary functions were impeded by renal calculus.

I was, therefore, naturally pleased that Doctor X should single me out to represent him before a rural medical society in West Virginia. After planning the trip, he'd found he couldn't make it.

Arriving at the county seat shortly before dusk, I was greeted by the president of the society, who directed me to an asthmatic Ford at the curb. Our way wound along a picturesque mountain road and down into a valley. There, in an ancient frame house, were assembled the members of the society.

The glare of an ancient chandelier fell upon their sturdy, weather-beaten faces. Their earnestness and intensity thrilled me. Slowly, I began to intone the wonders of urology, as solemnly and authoritatively as I thought Dr. X would have been.

The essay finished, I awaited eagerly their questions on either theory or technique. I had promised to take back to New York all inquiries for personal reply by Dr. X by mail.

Applause there was—good, hearty, home-spun, hospitable applause. But nary a question. After waiting briefly, the president arose. Hitting the table with his gavel, he said simply: "Inasmuch as there are no questions or further business to come before this august body, we will now adjourn to play Red Dog."

—FRANCIS LEO GOLDEN

L I G H T . . .

Wherever Needed



• Today's surgeon commands ideal illumination—color corrected, intense, shadowless, even. . . . Pelton, pioneer in professional lighting, supplies all this PLUS an ADDED factor of **CONTOUR** which easily **DOUBLES** efficiency. . . . Pelton E & O directs light horizontally by universal joints, vertically by flexible arm which permits you to move the whole Pelton light head **UP** and **DOWN**. . . . Needs no floor space. . . . Folds back against wall when not in use. . . . At your dealer's or write us.

The Wall Model with flexible arm, \$76. With rigid arm, \$68. Floor model, portable, \$52.50. Western prices, \$79.50, \$73 and \$58 respectively.

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Send folder "The Eyes of a Surgeon" and full information about Pelton E & O Light.



Case X—Massachusetts General Hospital Patient—Victim of Coconut Grove Fire.

NO. 1—2nd degree burns of face and ears and 3rd degree scalp burn covered by primary occlusive dressing on night of admission. Patient had a total burn surface of 12.5%.

NO. 2—As first head dressing was changed on seventh day, remnants of destroyed skin and dry serum are still present and uninfected.

NO. 3—Final view of the face on the 59th day showing absence of scarring, and normal contours. The scalp healed without grafting.

PETROLATUM in the Surface Treatment of BURNS

'VASELINE' PETROLEUM JELLY
is the world's leading brand of
PETROLATUM U.S.P.

IN describing treatment of surface wounds of burn casualties following Boston's Coconut Grove fire, this simple technique was reported as "eminently satisfactory":*

1. No debridement of burn surface.
2. No cleansing of the burn surface.
3. Bland ointment with protective dressing ("... boric acid in petrolatum is safe").*
4. Chemotherapy administered internally.

This treatment, given extensive use following the disaster* has the advantage of simplicity. There is less manipulation of the patient, im-

portant in consideration of shock. There is quicker relief of pain, with less rolling as necessitated in debridement and cleansing. Earlier relief of pain, too, by prompt covering.

Since infection originates almost entirely from surface contamination following the burn injury, it is pointed out that the earlier the wound can be covered, the less the infection. Thus this simple, early covering method becomes a measure against infection.

In treatment of burn surfaces the physician will find 'Vaseline' Petroleum Jelly—plain or borated—is prompt and effective.

*Ann. of Surg. 117:885 (June) 1943.

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PETROLEUM JELLY

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MAINTAINING HEALTH IN THE AGED

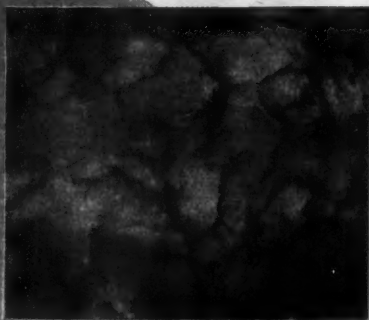
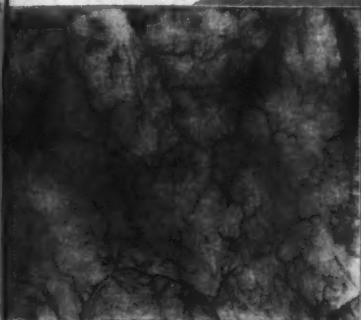
with the life-span lengthening, medical problems posed by our aged and aging constantly become more acute.

Important among these problems is inadequate nutrition—due to bad food habits, poor teeth or dentures, faulty assimilation due to degenerative conditions of the gastro-intestinal tract (see reproductions below) and other causes. Deficiency symptoms are commonplace—the need for dietary supplements frequent.

Normal intestinal vascularization—note delicate sinuous undulations which are visible to the very tip.

*

Intestinal vascularization sclerosis—obliterative phase. Vessels are straightened and rigid with obliterated terminal arborizations.



White's NEO MULTI-VI CAPSULES

provide a potent, rationally balanced 8-vitamin formula including all clinically established vitamins in amounts safely above adult basic daily requirements—yet not wastefully in excess of the average patient's needs. Herein lies the unique economy of White's Neo Multi Vi Capsules—of a very important to the elderly.

*Photographs courtesy of J. Felsen

In bottles of 25, 100, 500, 1000 capsules

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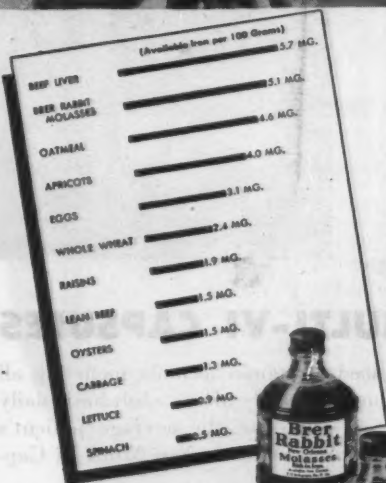
Patients get a PLUS when they get IRON the **BRER RABBIT** Way*

• An increasing number of Physicians and Dietitians recommend that patients deficient in iron and calcium supplement their diets with tasty nutritious Brer Rabbit Milk Shakes.

Added to milk, Brer Rabbit New Orleans Molasses gives patients an added daily supply of iron and also the benefits of the calcium, vitamins and other healthful properties in milk.

Three tablespoons of Brer Rabbit New Orleans Molasses added daily to the diet supply about 3 mg. of available iron. Penick & Ford, Ltd. Inc., New Orleans, La.

*Add 1 tablespoon of Brer Rabbit New Orleans Molasses to a glass of cold or warm milk... a Brer Rabbit Milk Shake... delicious, nutritious. Three Milk Shakes a day are suggested.



See chart for proof that Brer Rabbit New Orleans Molasses is second only to liver in available iron content.

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CONTROL

In almost every field of endeavor there is striking illustration that control is a prime factor in perfection of performance.

Operating on this principle, the modernly equipped U.D. laboratories evidence unusual quality control in the development and production of fine pharmaceuticals. Extraordinary precautions insure the purity and potency of every preparation bearing the esteemed U.D. label. For example, a special group of doctors, chemists and pharmacists—the Formula Control Committee—not only double-checks each new recipe but the Control Laboratory also tests thoroughly each batch of every finished product.

As a result, you can be certain of products unexcelled in quality whenever you specify U.D. pharmaceuticals. A comparable high quality of service is conveniently available to you and your patients at your neighborhood Rexall Drug Store—characterized by dependability and economy.

PURETEST FLENAMINS . . . Complete vitamin dietary supplement in capsule form. Vitamins A, D, B₁, C, E, G (B₆), B₁₂, Niacinamide, Calcium Pantothenate, with Liver Concentrate and Iron Sulfate.

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UNITED-REXALL DRUG COMPANY AND YOUR REXALL DRUGGIST • Your Partners in Health Service

GI Joe Returns to Civilian Life

And whether he needed hospitalization or not, he will probably have to go through a period of readjustment to normal living.



One legacy, which many will bring from the rigors of war, is a topsy-turvy digestive system—a “delicate stomach”—which for some time, may interfere with normal eating habits and nutrition.

Particularly during this transition period, may we suggest the distinctive properties of the liquid-nutrient:

HORLICK'S *Powder or Tablets*

Rich and well-rounded in basic food quality, Horlick's likewise is exceedingly easy to digest and does not tend to interfere with regular mealtime food.

The delicious, natural, malty flavor of Horlick's offers a special appeal to the palate.

The Complete Malted Milk—Not Just a Flavoring for Milk

HORLICK'S

OBTAINABLE AT ALL DRUG STORES

Association will meet in your honor, I take this means of conveying my best wishes for your continued health and happiness.

Sincerely yours,

Retirement of an associate from medical practice. *Example:*

Dear Bryan:

I have just learned of your retirement from active medical practice.

In looking back on your long and successful career, you have every reason to be very proud of it. Few doctors in the history of this community have contributed as much as you have to the welfare of its people.

As one of the many who

have gained inspiration from the example you have set, I write to congratulate you on your enviable record in the practice of medicine. May you enjoy many more years of health and happiness!

Yours sincerely,

Despite the rigid self-control required of a physician, he is just as human as anyone else. He appreciates a word of congratulation on some special accomplishment, and he appreciates it most of all when it comes from a colleague. Here is an opportunity for a professional courtesy that takes only a moment and costs only a postage stamp, yet carries a human, personal touch that will long be remembered.

—WILLIAM H. BUTTERFIELD

Letter From a 4-F Physician

Dear Ed:

Yes, very little is heard from us fellows who, unlike you, were rejected for military service. As one of them, I^{*} should like to acquaint you with a few problems that *we* are up against, with a view to dispelling some misapprehensions among you medical officers in the armed forces.

Let me point out, to start, that some of us 4-F's are suffering from a neurosis, one induced by a combination of factors. First, there was the initial shock of being rejected for service. That was aggravated by the departure of large numbers of old classmates and fellow internes. Then came the stream of inquiries by civilians and older doctors: "How is it you never got into uniform?" Naturally, some of us have developed inferiority complexes and withdrawal tendencies.

How often have I heard the insinuating remark: "Doc, you're sure lucky to be out of the Army. I bet you're cleaning up." That belief is widespread and is the basis for some bitter feelings among you men in service.

[Turn the page]

^{*}The author is a general practitioner in a metropolitan area. The opinions he expresses are his own.

Waiting Room V-Mail

Handitip

"We do not like to keep you waiting, but it is sometimes unavoidable. So, while you wait, why not write a V-mail letter to that boy or girl in the service? Here is the V-mail stationery."

This sign hangs above a small writing table in the reception room of the Downing Dental Clinic in Denver. Patients like the idea—even those with no V-mail writing to do.

—GENEVIEVE WYANT

And because I value the goodwill of many of you boys, I should like to point out that I am personally acquainted with a dozen young civilian doctors who are—to put it mildly—not three jumps ahead of the sheriff. Recently, the wife of an Army medical officer, a captain, told me that he and she were saving \$100 a month from his salary. My office partner with the bum eye, and yours truly with the hypertension, believe we are accomplishing wonders when we save fifty.

Naturally, I'm not trying to imply that all civilian doctors are merely making expenses. My concern is the younger physicians, those who have been in practice for five or six years. It is the older, more firmly established men who enjoy large increases in income.

Let's examine these older doctors a little more closely. Let us bring the spotlight to bear brightly upon them, because the future of medicine probably rests in their hands, and the parts they play in

its conduct will influence strongly the welfare and the future of all younger doctors.

First, who are these men? Well, they are the busy doctors you read so much about. They range from slightly over military age to the retirement, or pre-senile, stage. They are the boys who had a good foothold before Pearl Harbor, and who inherited the medical officer's practice when the bugles began to blow. They are the men who are running the medical societies, and are charged with the task of fighting state medicine.

Their responsibility to the profession is a tremendous one. And I think we may ask: Are they fulfilling their responsibilities to the best of their ability? Are they doing it in an unselfish manner?

Well, there are individuals among them—as in all groups—who are doing sincere, honest work in behalf of the profession as a whole. They are to be commended. But a bitter fact remains: The younger city doctor, at least, easily gains the impression that his more mature colleagues are inclined to sacrifice both him and the future of medicine for self-interest and personal gain.

The elders continually complain they are too busy, that their offices are packed day and night with patients. "Hospital duties are heavy. Night calls are on the increase. We do not have time or energy to devote to many problems that should have our attention?"

Of course, they are busy. And most of those I know are quite happy about it. Are they willing to relinquish part of their practices, and unload some of the overflow upon younger doctors just commencing practice? [Turn the page]

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MORE EFFECTIVE LOCAL CHEMOTHERAPY

**WITH *White's*
SULFATHIAZOLE GUM***

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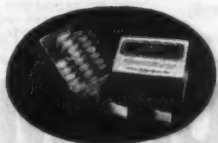
One tablet of
White's Sulfathiazole
gum chewed for
one-half to one hour

1. promptly provides a high salivary concentration of locally active (dissolved) sulfathiazole
2. that is sustained throughout the chewing period in immediate contact with infected oropharyngeal mucosal surfaces,
3. yet even with maximal dosage, resulting blood levels of the drug remain so low as to be virtually negligible.

INDICATIONS: Local treatment of sulfonamide-susceptible infections of oropharyngeal areas; acute tonsillitis and pharyngitis; septic sore throat; infectious gingivitis and stomatitis; acute Vincent's disease.

DOSAGE: One tablet chewed for one-

half to one hour at intervals of one to four hours depending upon the severity of the condition. *If* preferred, several tablets—rather than a single tablet—may be chewed successively during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.



Available in packages of 24 tablets, sanitized, in slip-sleeve prescription boxes.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

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Two young physicians of my acquaintance who had salaried industrial jobs decided to branch out into private practice. They arranged to divide their time between the plants and their office. They sent out several hundred announcements; one at least to every established doctor in the city. Many of the latter were acquaintances. Did these established men grab the opportunity to get rid of a part of that huge crowd that was haunting their offices daily? Were they interested in helping the younger men get started? Well, you judge: Neither of the young doctors received a single referral!

Another young 4-F recently completed a three-year residency in surgery. He was encouraged to open an office in the city by some of the physicians who had helped train him in the hospital. Did they assist him in the venture? Recently, he told me that his practice was so poor that he was going to withdraw to a smaller town where his father is located.

That selfish attitude of the older men is manifesting itself too in the control of hospital privileges. Even though many regular staff members are off to war, a young doctor still has to employ political tactics to find a place to hospitalize his patients. He is a graduate of a good school, has ample hospital training, and has become affiliated with all the medical societies. But those facts do not seem to mean much

when it comes to getting on a hospital staff. Some of the specialists are attempting to limit appointments by rules that permit only specialists to admit patients to various services. Not only the young uncertified doctor, but the older general practitioner, is getting the squeeze play in this maneuvering.

I cannot comment on the problems of the younger doctors in rural communities. Facts and statistics indicate a great demand for physicians. Many established men advocate the moving of 4-F's and discharged medical officers to such districts, on the theory that it will eliminate many hardships for the young M.D. trying to get a start. No doubt, the older rural doctors in some regions would gladly welcome some newcomers. Such a redistribution must eventually come.

But the important figures in medicine are in the city, and the basic problems of medicine's future are in the hands of these older doctors. Their attitude toward the beginners will largely determine what type of medicine will be practiced in years to come. Professional jealousy and selfish motives must be put aside and the needs of the whole group held upmost.

My 4-F colleagues and I want to face our old friends with a clear conscience when they return from the war. I am hoping that the other civilian doctors will be able to do that too.

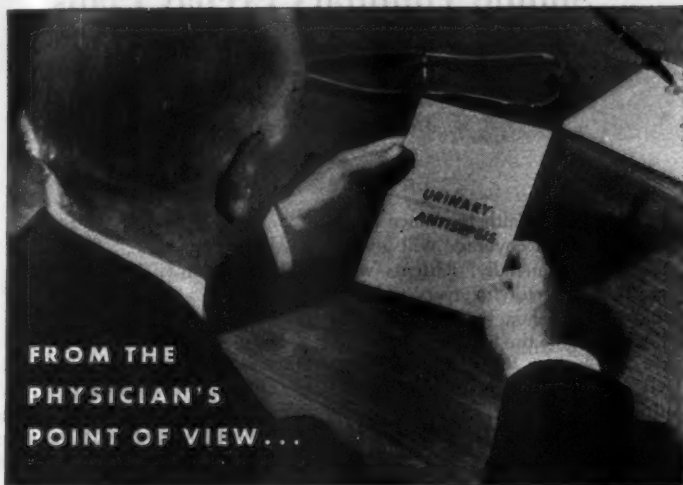
Paul

COOPER CREME

No Finer Name in  **Contraceptives**

Active Ingredients: Sodium Oleate 0.67%
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Should Voluntary Prepay Plans Cover Trivial Illnesses?

Professional opinion sharply divided, inquiry shows



"A voluntary health insurance plan that offers full coverage will go on the rocks financially. Patients will run to the doctor for every sneeze, sniffle, and headache. He won't be able to handle the load—not to mention the paper work. Malingering will increase, and people will tend to become neurotic."

. . .

"Voluntary prepay medical plans should provide treatment of *all* cases. Otherwise, who is to decide whether the condition is trivial or serious? If the patient is fully covered, he's more likely to seek help before a minor ailment becomes a major one. True, some will abuse the plan at first, but that will eventually subside—and abuse is the less of two evils."

. . .

Thus doctors disagree on the question of coverage under voluntary prepayment. The comments quoted are typical of replies to a nation-wide inquiry made recently by MEDICAL ECONOMICS. Physicians were asked two questions:

"Should prepayment medical care plans protect against serious illness only?"

"Or protect against all illness, both serious and trivial?"

The vote was as follows:

Serious illness only	46.4%
All illnesses	47.7
No opinion	5.9

100.0%

Those who favored limited coverage said patients would abuse the plan if the protection included trivial complaints. In the words of one, full coverage would mean "too much gold-bricking." Others said, in effect, "Let's not encourage malingering." Several pointed out that doctors would be so busy handling the neurotically inclined that patients with serious ailments might be neglected.

Further reasons given for limiting service to serious cases:

"Premium cost too high when all illnesses are covered."

"Full coverage means too much bookkeeping for busy doctors."

"Most patients can finance trivial illnesses without insurance."

"I have had experience with both methods and found the limited way more satisfactory."

"Insurance against trifling ailments would increase absenteeism."

"Under full coverage, the profession would coddle the hypochondriac."

"I favor prepaid service for serious illnesses, but it should not cover tuberculosis, cancer, old-age infir-

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Walker vitamins are good vitamins

... Good for physicians to prescribe because they fill real therapeutic needs with efficiency, and conform to the highest ethical standards of quality. Good for patients to take because careful laboratory control assures consistent uniformity of vitamin potencies, and because they are convenient to take. Good also, because they offer physician and patient alike, pharmaceutically elegant vitamin preparations at commendably low prices.

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Solution Thiamine Hydrochloride (Oral)
(100 I.U. per drop)

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Olee Vitamin A Capsules 25,000 I.U.
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**Three shots instead of nine
now protect infants against
three deadly diseases**

How close you come to bodily harm at the hands of fond mamas during a course of immunization—you may never know. But to save both mental anguish for mother—and physical pain for baby—why not use Cutter D-P-T routinely?

D-P-T combines diphtheria toxoid with Super-Concentrate Pertussis Vaccine Phase I and tetanus toxoid—producing as great an immunity as when each antigen is given alone. Moreover, there is no increase in the frequency or severity of reactions.

An ever-increasing number of progressive pediatricians rely on the advantages of D-P-T to save time and to give greater protection to their patients. Why not ask your pharmacist to stock Cutter D-P-T for you today?

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mities, or mental disease. Such problems should be handled by the state, not by prepayment plans."

"Last year, a survey (made for the National Physicians Committee) showed that only 5 per cent of the public are worried about meeting the costs of simple ailments, such as an ordinary sore throat or a case of chicken pox. But 63 per cent are worried about paying for catastrophic illness—such as an operation or a long siege of pneumonia. I think that proves pretty conclusively that a prepayment plan doesn't need to offer full coverage to be successful."

Most doctors who voted for full coverage did so in the belief that patients would neglect minor ailments if their insurance were not all-inclusive. "We mustn't forget," observed one, "that a *little* cancer doesn't look like much!"

"Don't do only half a job," urged a Pennsylvanian. "Do it all—and well!"

Other reasons for favoring full coverage were expressed in such comments as:

"Full coverage (voluntary) might stay the hand of Government inter-

ference; partial coverage might not."

"Drawing the line between what is serious and what is trivial would confuse the patient and cause dissatisfaction."

"An improper diagnosis of a 'trivial' case might result in a malpractice suit."

"That's the trouble with insurance—too many exceptions! Complete coverage is the most desirable."

"More people would subscribe if all illnesses were included, and we need more subscribers!"

"Protection against all ailments should be the ultimate goal, but it is not yet attainable because of lack of actuarial experience."

"Offer full coverage—but on a two-visit deductible basis."

"In my experience with patients who carry full coverage, I have had little trouble with trivial complaints."

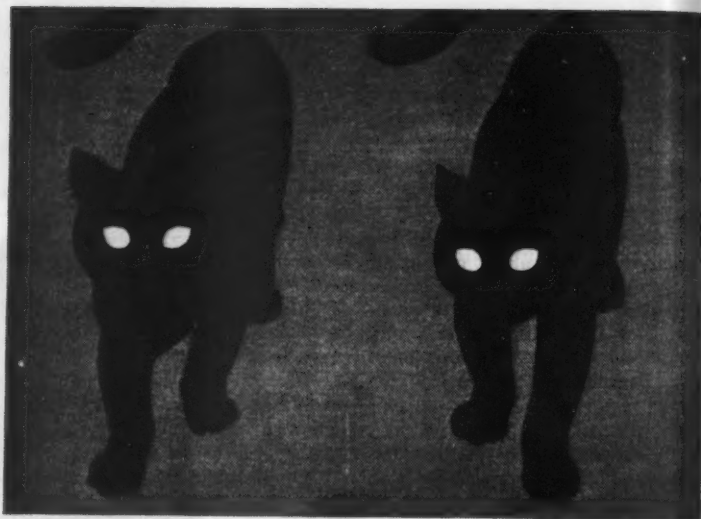
"I favor complete coverage. Office calls might be increased somewhat, but house calls wouldn't be. Folks just don't call you to their homes unless they really need you."

"Care of trivial illness might, in time, reduce the cost of the plan by preventing serious illness."

Double Jeopardy

The patient was a 10-year-old who had fractured his arm in jumping from a garage roof—despite repeated warning of his father to keep off it. While the fracture was being reduced the youngster never whimpered. So after the doctor had finished, and while I was arranging the sling, I complimented the boy on being so brave. "I wasn't brave," he replied, "I *couldn't* holler. The doctor said if I made a sound it would cost twice as much—and my Pa's mad at me already."

—Technician, Illinois



All cats are alike in the dark . . .

*But there's nothing else
like a Guinness—ever!*

AT MEALTIME—Guinness Stout has a dry, racy flavour—delicious as an appetizer.

AT BEDTIME—Guinness induces natural rest without the harmful after-effects of most hypnotics.

FOR NOURISHMENT—Guinness has a higher content of nutritive solids than most malt beverages. Neither pasteurized nor filtered—it retains active yeasts, helps maintain Vitamin B₁ and G quotas.

WHEN you're feeling tired and overworked, doctor, enjoy a cheering glass of Guinness Stout!

Either straight or added to beer (Half-and-Half), there's nothing else like it! And life is brighter after Guinness!

New York biochemists' reports on Guinness will be sent to doctors if requested on professional letterheads.

Write to: American Correspondent, A. Guinness Sons & Co., Ltd., Dept. ME 348, 501 Fifth Ave., New York 17, N. Y. (Edward & John Burke, Ltd., Long Island City 1, N. Y., Sole U. S. Distributors.)

GU-348

GUINNESS IS GOOD FOR YOU

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Prophylaxis Against Malpractice Suits Charging Negligence

*Some ounces of prevention to
be applied beforehand*



Negligence on the part of the physician will not be presumed; it must be affirmatively proved. In the absence of expert testimony, when the doctrine of *res ipsa loquitur* is not applicable, it will be presumed that the physician exercised the ordinary care and skill required of him.

That the physician made a mistake in diagnosis or was guilty of an error of judgment, that he might have employed other medicines or used other methods of treatment, or that a bad result followed instead of a satisfactory one, is not sufficient to fasten the charge of negligence upon him. Actionable negligence consists solely in doing something which the practitioner should not have done, or in omitting to do something which he should have done.

In one case a physician left twelve or fifteen tablets with the attendants of an adult patient. The

following day a child eighteen months old got possession of the tablets, ate all except two, and died. The court held that the tablets had been delivered into the custody and control of the attendants (one of whom was the mother of the child), and that there was no negligence on the part of the physician-defendant.

The fact that infection developed three or four days after injection of a hypodermic needle is not sufficient proof that the physician or his nurse failed properly to sterilize the needle or the patient's arm before the injection. The fact that pus appeared in a wound treated by a physician does not warrant a finding that he was negligent.

On the other hand, failure to give antitoxin for a "puncture" wound may constitute negligence. Failure of a physician to treat an infant's eyes with silver nitrate solution at birth, if required by state regulation, constitutes negligence. Evidence that a physician administered roentgen treatment to a patient without remaining in the room or within hearing warrants a finding of negligence, unless satisfactorily explained.

In one case, a spinal puncture was allegedly performed on the wrong patient. The court expressed

► This article approximates a portion of the author's book, "Medical Malpractice" (C. V. Mosby Co.). Dr. Regan's opinions are based on court rulings in actual cases in many states.

GLYCO- THYMOLINE

Promptly soothes the
discomfort of irritated
oral mucous membrane

in Colds and Sore Throats



KRESS & OWEN COMPANY

361-363 Pearl Street

New York 7, N. Y.

the opinion that to subject a patient to an admittedly unnecessary operation of this kind is evidence of negligence.

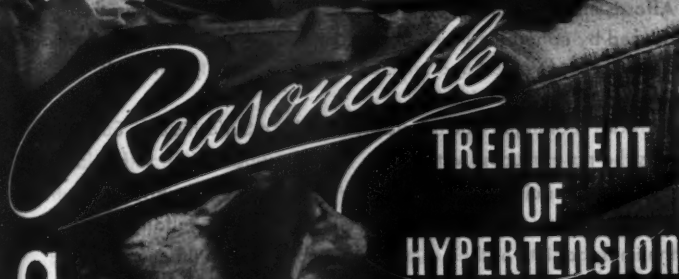
Where a prescription is, by *lapsus calami*, improperly written, the fact that the druggist who fills the prescription may be negligent is no defense to the physician writing it. Evidence of a physician's failure to administer insulin before and immediately after an operation, when he knew of his patient's diabetic condition, also resulted in a finding of negligence.

The physician is not required to follow a particular procedure. He is justified in his conduct of a case if it is such as would be approved by even a respectable minority of his confreres in the same locality. Nor is he liable if expert witnesses think that some other procedure would have been preferable, or if they themselves would have employed a different method.

However, if it is proved that a surgeon has omitted altogether the established mode of treatment, and adopted one that has proved to be injurious, it is of no consequence how much skill he may have.

There is an obvious distinction between (1) a claim of negligence in the choice of methods and (2) a charge of negligence in the actual treatment after such a choice has been made. If there is any evidence tending to show negligence in performing the treatment, a jury must decide that issue.

Negligence as a proximate cause of injury need not be established with certainty; reasonable probability is sufficient. In one case, a physician lanced a patient's throat, thinking she was affected with quinsy; in reality she was suffering



Reasonable

TREATMENT OF HYPERTENSION

Successful management of high blood pressure calls for a regimen which is adjusted to individual requirements. Physical activity is generally curtailed and overwork is avoided. In certain circumstances special diets are prescribed and the use of stimulants is restricted.

These measures are often supplemented with the administration of Theominal. This combined vasodilator and sedative aids in reducing blood pressure to a more normal level. As a consequence hypertensive symptoms are relieved and the risk of complications is reduced.

DOSAGE: The customary dose of Theominal is 1 tablet two or three times daily; when improvement sets in the dose may be reduced. Each tablet contains theobromine 5 grains and Luminal* 1/4 grain.

*Luminal (trademark), Winthrop Chemical Company, Inc., brand of phenobarbital.



Theominal

WINTHROP CHEMICAL COMPANY, INC.

Supplied in bottles of 25, 100 and 500 tablets.

Winthrop
**CHEMICAL
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INC.**
*Pharmaceuticals of merit
for the physician*
**NEW YORK, N. Y.
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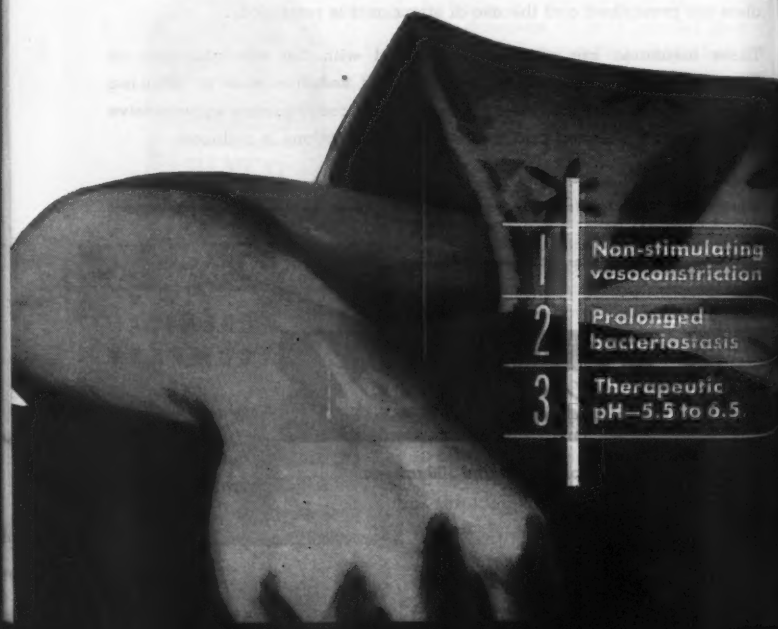
vasoconstriction in minutes

**In the treatment of nasal and sinus infections,
Paredrine-Sulfathiazole Suspension . . .**

1. Affords more rapid, complete and prolonged shrinkage than that produced by ephedrine in equal concentration. Ventilation and drainage are promptly promoted and infected areas are quickly rendered accessible to the sulfathiazole.
2. Provides prolonged bacteriostasis. Paredrine-Sulfathiazole Suspension covers the nasal mucosa with a fine, even frosting of free sulfathiazole, which does not quickly wash away, but keeps producing bacteriostatic action hour after hour. (An objection to solutions of sodium sulfathiazole is the improbability of their remaining in contact with the mucosa long enough to be effective.)

Smith, Kline & French Laboratories—Philadelphia, Pa.

PAREDRINE—SULFATHIAZOLE

- 
- | | |
|---|-------------------------------------|
| 1 | Non-stimulating
vasoconstriction |
| 2 | Prolonged
bacteriostasis |
| 3 | Therapeutic
pH—5.5 to 6.5 |

acteriostasis

for hours

USPENSION

from diphtheria. She died within 48 hours. It was held that in view of the natural tendency of the lancing to spread the infection, and the fact that the patient died of infection so short a time thereafter, the jury might infer that the surgical act was the proximate cause of death.

It is a general rule of evidence that whenever witnesses of proper skill and experience have formed their judgments from a personal examination of the subject of the controversy, their opinions are generally more worthy of confidence than those elicited by hypothetical questions—which may or may not state all the circumstances necessary to form a correct conclusion.

The fact that the number of expert witnesses testifying for the defendant exceeds the number testi-

fying for the plaintiff does not impose on the jury the acceptance of the defendant's theory and the rejection of the plaintiff's. Indeed, the testimony of one credible witness, if believed by the jury, is sufficient to support a verdict contrary to all the other medical testimony.

A physician-defendant's failure to take the stand as a witness in his own behalf is a circumstance which the jury may well take to indicate that his testimony would not be favorable to his defense.

Where a trial court has made findings which are supported by substantial, though conflicting evidence, an appellate court may not disturb the findings—even if it should believe from the record before it that the preponderance of the evidence was to the contrary.

—LOUIS J. REGAN, M.D., LL.B.

On the Job—OUR FEMINE "MANPOWER"



INDICATIONS

Amenorrhoea, dysmenorrhoea, menorrhagia, metrorrhagia, in obstetrics.

Dosage: 1-2 cap. 3-4 times daily.

Supplied: in ethical packages of 20 cap.

OFFICIALS of the War Manpower Commission assert that women today can capably "take over" any man's job, provided it is within their physical powers.

Menstrual aberrations, however, cause frequent absenteeism and loss of efficiency. For the symptomatic treatment of functional conditions, physicians find Ergoapiol (Smith) a highly efficient emmenagogue, in which the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of apiol, oil of savin, and aloin.

Its sustained tonic action on the uterus provides welcome relief in many cases—by helping to induce local hyperemia and to stimulate smooth, rhythmic uterine contractions, and by serving as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the booklet "The Symptomatic Treatment of Menstrual Irregularities."

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ERGOAPIOL

THE PREFERRED UTERINE TONIC

Ethical prescription mark, M. H. S., visible only when capsule is cut in half or seen.

in the treatment of
Vaginitis

prescribe

**Tyree's
 Antiseptic Powder**



Tyree's is the preparation of choice in the treatment of leucorrhea, cervicitis, vaginitis, trichomonas vaginalis and other vaginal disorders; for routine hygiene, and as follow-up after office treatment. It is a powerful yet safe inhibitory antiseptic, highly efficient in removing infection and thick tenacious mucus, and can be used as an all purpose healing antiseptic solution or dusting powder, as well as douche.

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Makers of Cystodyne (Tyree) used in treatment of
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An Easy Tablet Method for Qualitative Detection of Albumin

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THE REAGENT—Drop 1 Albumintest Tablet into 4 cc. water—reagent remains stable for 30 days—bulk solutions may be made in any amount desired.

Economical in bottles of 36 and 100.

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A companion to Clinitest—Tablet Method for Urine-Sugar Analysis.

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When it is necessary to prescribe a sedative and hypnotic — 'Delvinal' sodium vinbarbital will provide a relatively brief induction period and a moderate duration of action. Undesirable side-effects such as excitation or "hangover" are seldom encountered. Council accepted. Supplied in ½ gr., 1½ gr. and 3 gr. capsules. Sharp & Dohme, Philadelphia 1, Pa.



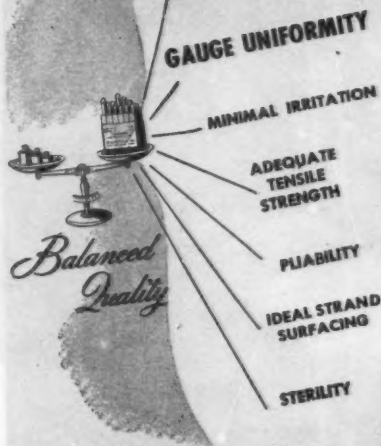
'DELVINAL'

Sodium Vinbarbital

Number Four
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UNIFORM, DEPENDABLE ABSORPTION

Gauged with ACCURACY TEMPERED BY JUDGMENT



CURITY CATGUT GAUGE may be depended upon to run true to label.

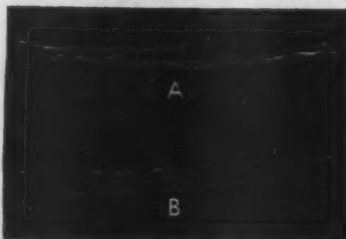
This accuracy is controlled by checking raw gut on the standard micrometer gauge, then re-checking finished suture in the testing laboratory.

Because we never lose sight of the function of a suture, we never polish gauge. Thus we avoid the risk of ruptured plies which impair tensile strength and disturb absorption rates. Overpolishing with its characteristic inadequate knot-holding qualities is eliminated and minute surface irregularities are advantageously retained.

Refusal to stress one quality at the expense of others safeguards the all round performance of Curity Catgut.

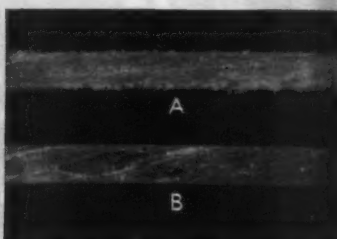
★ ★ ★

In addition to gauge uniformity, weight excellence in six other characteristics is built into Curity Catgut. Thus Balanced Quality is maintained.



Untwisted plies recovered from two catgut strands polished to different degrees.

A—Flyer ribbon, recovered from an over-polished suture strand. B—Flyer from Curity strand not polished to gauge.



A—Strand surface with "whiskers" which might fray during threading or knot tying. B—NEXOR finished Curity strand—smooth, frayless, but with optimum coefficient of friction.

Curity Suture Laboratories

BAUER & BLACK

Division of The Kendall Company, Chicago 16

SUTURE RESEARCH... TO ESTABLISH A FINE BALANCE OF NECESSARY CHARACTERISTICS



Lay Ignorance Held a Factor in Poor Chronic Care

*Publicity campaign urged to acquaint
public with progress in medicine*



The average physician may very well become imbued with a feeling of frustration in his relations with chronics. For one thing, he realizes that his training, research work (if any), and qualifications generally do not fit him for the work. For another, he has found that too many patients, chronic or otherwise, are so biased, bigoted, one-sided, and immature that he often throws up his hands in despair.

Actually, a large part of the public is ignorant of what medical science can do for it, doesn't believe in modern miracles, and isn't willing to pay for them anyway. It isn't properly educated. True, the layman has gained considerable superficial (and often dangerous) knowledge from some of the health columns and from news and magazine articles.

That sort of "knowledge" deludes many a person into believing that he knows a great deal about his body and about disease. With what result? He goes to his doctor and tells the latter what he wants done—he doesn't ask for advice. And what are you going to do with people who tell you, "Aw, this penicillin is overrated. Why call it the 'miracle drug' when it won't cure everything?" Or, "No, sir—none of those sulfa drugs for me; I read in

the paper where they load up your kidneys with crystals and destroy them!"

More than one pharmaceutical house is using the doctor as an advertising theme these days. But people aren't going to consult a physician just because an ad advises them to. The public wants to know *why* it should consult a doctor—rather than the druggist at the corner, a chiropractor, a faith healer, or a fortune teller.

Chronics constitute a large proportion of the population, and the proportion is growing each year. I believe that it would be possible, in time, to teach them just what medicine can do for them, and what it cannot do. It would involve a publicity campaign, via newspapers, magazines, and radio, of important discoveries in medicine and science, presented objectively and without yellow journalism, emotionalism, glorification, or exaggeration.

I believe that the present negative attitude of the chronic patients (and others) to physicians is the result of education-in-reverse promoted by those who have something to gain by such an attitude: the chiropractors, faith healers, advocates of socialized medicine, etc. It has been aggravated by the no-fight-back attitude of physicians, and

their high-and-mighty feeling they are above good, sound business practices.

Let's be business men and tell the public what we have to sell. Not by generality, but by definition: Give them facts about glandular therapy, about what we can do for arthritis, about what can be done ethically in rejuvenation. (Naturally, we should have to withhold names of chemicals or description of treatments to prevent dangerous self-medication.)

But it would have to be made clear that no matter what strides science makes, physicians are still the only persons qualified to practice medicine, and that the use of methods and agents must still be left to the discretion of the doctor.

Then we might expect the chronic sufferer to come in and say, "I'm

in your hands. You prescribe the course of treatment and I'll follow it."

The chronics will have to be taught, too, that good treatment takes time and costs money. For example, people expect to pay substantial fees for operations, but tell them that you expect from \$150 to \$500 for a three-month course of treatment and they look around immediately for the nearest exit.

The public should realize that the \$2 call is as out-of-date as a 1915 Ford. If I have to pay, say, \$8 for 5 cc. of something to start out a case of sterility, or \$11 for 25,000-unit estrogen (not to mention such things as rent and taxes!) people must expect to reimburse in proportion. But it is going to require education to make them see the light!

—L. W. SUNDQUIST, M.D.



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A NEW NAME IN TAR THERAPY!

Teru is a stainless, greaseless and odorless cream for use wherever coal tar therapy is indicated—eczema, psoriasis, dermatitis, pruritus, eczematoid dermatitis, seborrheic dermatitis, occupational dermatoses, folliculitis. At your Surgical Dealer or ethical pharmacies. 5-lb. jar, 1-lb. jar, 2-oz. jar.

TERU PRODUCTS, Inc.

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NEW YORK 11, NEW YORK

an affiliate of Garfield Medical Apparatus Co.

Phenobarbital

Neo-Synephrine
Aminophylline



*New and Impressive . . .
relief from bronchial spasm*

● **Adnephtrin Capsules** combine Neo-Synephrine with Aminophylline and Phenobarbital in synergistic proportion, to provide symptomatic relief from the bronchial spasm of asthma. Taken at the onset of premonitory symptoms, Adnephtrin either prevents the attack entirely or markedly decreases its severity. The use of Neo-Synephrine as the sympathomimetic compound in Adnephtrin virtually eliminates unpleasant side reactions, especially central nervous system stimulation.

Adnephtrin Capsules

To Relieve Bronchial Spasm

THERAPEUTIC APPRAISAL: Phenobarbital 16 mg. (0.25 gr.) for its sedative effect on respiration, and to allay the apprehension and nervousness frequently associated with asthmatic attacks; Neo-Synephrine Hydrochloride 20 mg. (0.3 gr.) for its vasopressor and bronchodilator effect; Aminophylline 194 mg. (3.0 gr.) for its antispasmodic action on the bronchi and bronchioles.

INDICATED for the relief and prevention of bronchial paroxysms associated



with hay fever, other respiratory allergies and asthmas of obscure origin.

DOSAGE: Adults—one capsule three or four times daily. Prophylactic dose—one capsule previous to the time at which the attack is expected, or immediately upon the onset of premonitory symptoms; one tablet at bedtime, if nocturnal attacks occur.

SUPPLIED in bottles of 50 capsules.

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NEW YORK KANSAS CITY SAN FRANCISCO WINNIPEG, ONTARIO SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

Trade-Marks Neo-Synephrine and Adnephtrin—Reg. U. S. Pat. Off.

What They're Reading

POET PHYSICIANS.

Compiled by Mary Lou McDonough. 212 pages. Charles C. Thomas, Springfield, Ill. \$5.

Even if medical men as a whole haven't been better bards than Mrs. McDonough's anthology indicates—even if some of their best efforts would not pass muster with the litterateurs—they are still likely to ring the bell with many a practitioner for their subject matter alone.

Anthologists being a hardy race, this collection was inevitable. It not only wraps up as a neat package the choicest produce of the physician-poets but also calls attention to the number of poets who have been doctors of medicine at the same time.

Represented here are such giants as Keats, Goldsmith, Schiller, Oliver Wendell Holmes, and Robert Bridges. Here, too are such present-day notables as Oliver St. John Gogarty, who has been called "the wildest wit in Ireland"; Francis Brett Young, the novelist; William Carlos Williams; and the prolific Merrill Moore, Boston psychiatrist now in the Army, who has turned out sonnets numbering literally in the thousands.

(Slighted by omission are such poetic dilettantes as Hippocrates, Sir William Osler, and Rabelais.)

Dr. Holmes, among the more praiseworthy poets, is quoted liberally. In his "The Morning Visit" he offers a hint that's as good today as it was when written, even if the poem itself is far from his best:

*... You skip upstairs, inquire, inspect, and touch,
Prescribe, take leave, and off to twenty such.
But when at length, by fate's transferred decree,
The visitor becomes the visitée,
Oh, then, indeed, it pulls another string;
Your ox is gored, and that's a different thing! . . .*

Three hundred years before Holmes, John Halle, an English surgeon, was likewise offering pointed advice in rhyme to his colleagues:

*When thou arte callde at any time,
A patient to see;
And dost perceave the cure too grate,
And ponderous for thee:
... Gette one or two of experte men,
To helpe thee in that nede. . .*

In "The Dispensary," Samuel Garth (1661-1719) argued poetically for the establishment of public clinics. But the great Jenner (1749-1823) contented himself

CLAP

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Moist

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How could an infant cereal be better than this one?

CLAPP'S INSTANT CEREAL FOR BABIES

Pre-cooked...ready to serve

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B₁ (thiamine) and Iron, in which the diet of infants and young children may be deficient.

INGREDIENTS

Whole Wheat Meal • Malt • Dicalcium Phosphate • Corn Meal • Dry Milk Solids • Salt • Wheat Germ • Dried Brewers' Yeast • Iron Ammonium Citrate. 1 ounce of Cereal contains not less than 100 U.S.P. units vitamin B₁ and 0.18 milligrams vitamin G.

TYPICAL ANALYSIS

Carbohydrate	Calcium (Ca)
71.7%	0.34%
Protein (N x 6.25)	Phosphorus (P)
16.0%	0.80%
Fat (ether extract)	Iron (Fe) 0.021%
1.2%	Copper (Cu)
Ash (total minerals) 3.8%	0.002%
Crude Fiber 1.6%	Calories per avoird.
Moisture 5.7%	ounce 102.

NUTRITIONAL VALUES

While the quantity of Clapp's Instant Cereal used may vary considerably for



the individual, ½-oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

INSTANT CEREAL: For infants, 60% of vitamin B₁; 18% of vitamin G. For young children, 60% of vitamin B₁; 80% of Iron; 12% of Calcium; 33% of Phosphorus.



The Council on Foods and Nutrition of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B₁ and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

Harold H. Clapp, Inc., Dept. J-9
22 East 40th Street, New York 16, N. Y.

Please send me a supply of professional samples of Clapp's Instant Cereal and Clapp's Instant Oatmeal.

Name _____
Address _____
City _____ State _____

CLAPP'S BABY CEREALS





This new Sanette professional waste can will brighten up your office and lighten your work. Its easy-acting foot pedal raises the cover and leaves both hands free. An extra handle permits it to be moved about easily. Its rubber feet protect the floor. And the removable pail is protected with rust and acid resisting hot-dipped galvanized coating,—easily cleaned and leak proof.

Model H-12 (15" high, 10" dia.) is designed for doctors' offices, first-aid rooms, clinics and operating rooms. In gleaming white enamel baked on,—it is available at your dealer.

MASTER METAL PRODUCTS, Inc.
295-J Chicago St., Buffalo 4, N.Y.

with the writing of light rather than serious verse.

Moving up to our own time, Mrs. McDonough finds that John Fallon, too, is not without a light touch, as witness his "Inscription for an Old Well":

There was the privy, there the porker's pen.

Here was the well, and through this mossy head

Uprose the bucket, stately, oaken, red,

To slake the hearty thirsts of lusty men.

Hard-boiled, our sires. Their water should have been.

Charles A. Ingraham (1852-1935) likewise proves that every day has its doggerel:

I opened the blinds; the day was bright,

And God gave Mrs. Rogers some light.

I opened the window; the day was fair,

And God gave Mrs. Rogers some air . . .

Drugs and medicines, high and low, I threw them as far as I could throw;

'My Most Interesting Experience'

1 MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request. Address Medical Economics, Rutherford, N.J.

Though

these are days of substitution and

change, White's Cod Liver Oil Concentrate continues to provide

the natural vitamins A and D derived exclusively from time-

honored, clinically-proved cod liver oil itself. • Prophylactic

anti-rachitic dosage for infants still costs *less than a penny a day.*

Council

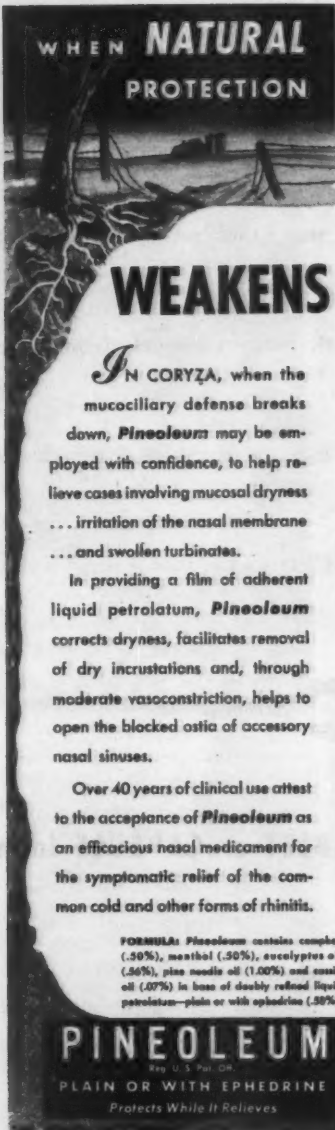


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Available in **LIQUID, TABLET or CAPSULE** form

Ethically promoted—not advertised to the laity





WHEN **NATURAL**
PROTECTION

WEAKENS

*I*N CORYZA, when the mucociliary defense breaks down, **Pineoleum** may be employed with confidence, to help relieve cases involving mucosal dryness . . . irritation of the nasal membrane . . . and swollen turbinates.

In providing a film of adherent liquid petrolatum, **Pineoleum** corrects dryness, facilitates removal of dry incrustations and, through moderate vasoconstriction, helps to open the blocked ostia of accessory nasal sinuses.

Over 40 years of clinical use attest to the acceptance of **Pineoleum** as an efficacious nasal medicament for the symptomatic relief of the common cold and other forms of rhinitis.

FORMULA: Pineoleum contains camphor (.50%), menthol (.50%), eucalyptus oil (.56%), pine needle oil (1.00%) and eucaly oil (.07%) in base of doubly refined liquid petrolatum—plain or with ephedrine (.50%).

PINEOLEUM
Reg. U. S. Pat. Off.
PLAIN OR WITH EPHEDRINE
Protects While It Relieves

"What are you doing?" my patient cried;

"Frightening Death," I coolly replied.

"You are crazy!" a visitor said,
I flung a bottle at her head.

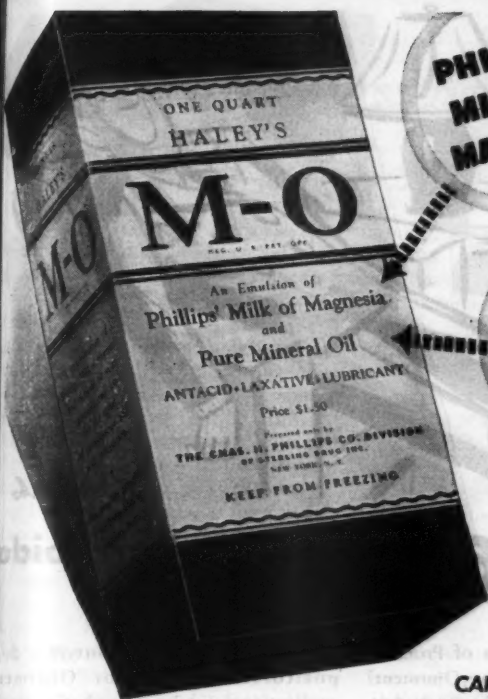
In an "Afterthought" to Mrs. McDonough's collection, Merrill Moore declares that "by and large, the poetic productions of physicians are quite discouraging and thin and are often stamped or stereotyped with emotional clichés. The physician sees the poetry of life, but usually he cannot record it . . . To some extent, medical education is a handicap in the production of poetry as it may be in the development of the personality . . .

"If the average man is a harp on whom Nature occasionally plays, the physician is an instrument on whom the emotions are played continuously. . . and that is not too good for any man. Doctors are notorious for not taking a vacation, and it is usually in vacations or in leisure time that the creative functions express themselves . . .

"All of this kind of life, this pattern of experience, tends to make the physician's personality rigid or warped. Some remain childish or escape into well-known neurotic patterns; many become strong and mature."

Major Moore concludes that "most 'medical poetry' is junk" and that it is fortunate Mrs. McDonough "has spared the reader twenty poems for every one she has included." Her main accomplishment, he declares, is having at least "managed to get together most of the poems that do represent the best in the tradition of medical literature."

—LOUIS J. ROGERS



**CAREFULLY BLENDED for
DUAL-ACTION in Treatment of
HYPERACIDITY and CONSTIPATION**

In **HALEY'S M-O** we have a scientific blending of the antacid action of Phillips' Milk of Magnesia with the laxative properties of pure mineral oil. **HALEY'S M-O** controls without irritation, atonic and spastic constipation and overcomes the often present symptom of gastric hyperacidity. With **HALEY'S M-O** laxation is mild, yet thorough. Desirable in constipation associated with pregnancy and hemorrhoidal conditions.

DOSAGE: 1 to 2 tablespoonsfuls before breakfast or at bedtime

—**THE CHAS. H. PHILLIPS CO. DIVISION**—
of Sterling Drug Inc.

170 VARICK STREET

NEW YORK 13, N. Y.



COMFORT for the Hemorrhoid Patient!

The rapid, effective action of Procaine Butyrate Suppositories (or Ointment) usually stops hemorrhoidal pain in 5 to 10 minutes after administration. Procaine Butyrate exerts a powerful action, and anesthetizes rapidly. Ephedrine shrinks the hemorrhoids and prevents a too rapid absorption of the anesthetic.

One or two Procaine Butyrate Suppositories "Rorer" (or Ointment applications) per day, after bowel movements, are sufficient to keep most patients comfortable. Write for professional literature and sample. William H. Rorer, Inc., Dept. C, Drexel Building, Independence Square, Philadelphia 6, Pa.



Procaine Butyrate Suppositories "Rorer"
supplied in boxes of 12—Ointment in
½ oz. tubes with pile pipe

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35 YEARS OF PAINSTAKING, SCIENTIFIC CARE TO INSURE DEPENDABILITY

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The Newsvane

CONSTRUCTION. Persons attempting to undertake needed remodeling and construction in offices, homes, and public buildings, have found that the War Production Board's relaxation of building restrictions is largely academic in view of continuing shortages in lumber, metal, sash, doors, trim, etc. But if he can get materials, a man may order alterations (or new construction) to the amount of \$1,000 for a one-family house, \$2,000 for a two-family building, and so on up to \$5,000 for a five-family structure (former limit on all types: \$200). Farmers may spend \$1,000 on their home, \$1,000 on their farm buildings, and \$1,000 on irrigation or drainage systems (if installed in co-operation with other farmers). Hotels, apartment buildings, and similar residential structures are limited to expenditures of \$5,000 (\$1,000 formerly). Public buildings (hospitals, churches, schools) are limited to a \$10,000 ceiling.

MORTALITY, 1944. A provisional estimate of mortality* for the first nine months of 1944 has been made by the U.S. Public Health Service, which compares it with similar periods of 1943 and 1942. The crude rate for all causes of death in 1944 was 10.6 per 100,000 population, the same as in 1943, and 4 per cent above that of 1942. Infant

mortality, 1944, was the same as in 1943, but lower than in 1942. Maternal death: lower in 1944 than in either previous year. Influenza: considerably higher in 1944 than in 1943 and 1942. Pneumonia: 1944 rate the same as 1943's, slightly higher than 1942's. Tuberculosis: lower in 1944 than in 1943 and 1942. Cancer: higher in 1944 than in 1943 and 1942.

Four of the communicable diseases had higher death rates in 1944 than in 1943: measles, meningococcus meningitis, poliomyelitis, and scarlet fever. Death rate from all accidents, 1944, was 65 per 100,000, compared with 67 in each of the two preceding years.

INDIGENT AIDES. The Washington Star has asked Congress to continue budgetary funds to provide housekeeping assistance to the sick poor of the District of Columbia, a service that has survived since the days of the WPA. The housekeeping service, under direction of the district health department, places trained aides temporarily in the homes of the medically indigent, where they do some practical nursing, take care of children, cook, and clean. In 1944, the department's thirty aides assisted 731 families (3,649 persons). Cost per family was about \$40; average cost per day about \$1.04 per person served. The service, says the Star, "prevents hospitalization at public expense of

*Excluding service men outside the continental U.S.

some patients, enables others—especially maternity cases—to be discharged from hospital care earlier than would otherwise be possible. Only families that qualify for public assistance are eligible.”

ASSISTANTS COURSE. Scheduled for early this month at Asheville, N.C., was the “second intensive course in the fundamentals of optics for office assistants” under the direction of Austin B. Belgard, ophthalmic prescription lens analyst. The course, said its director, is designed to give office assistants a basic knowledge of optics, terminology, refracting room procedure, and the handling of patients. It includes lectures by Ophthalmologist A. H. Pember, on vision theory, anatomy of the eye, physiology, instrumentation, etc., and technical instruction for assistants by Selma Weiskopf, R.N.

A midwinter course will be given at the Pember-Nuzum Clinic, Janesville, Wis.

RURAL APPRAISAL. “What Farm Families Spend for Medical Care,” Miscellaneous Publication No. 561, has been issued by the Department of Agriculture, Washington, D.C. The report discusses (1)

the medical expenses of farm families at various income levels; (2) the variation in average expenses among different types of families; and (3) the contrast between rural and urban expenditures for medical care.

COMPULSORY HEALTH EXAMINATIONS. Commenting on the Oregon act making health examinations and instruction compulsory in the state's elementary and secondary schools, the AMA warns that it may take ten years to obtain measurable results from the program, first of its kind in the nation, and that “those who work in it, and those who appropriate money for its support, must not be discouraged.”

PEPPER VIEW. Senator Claude Pepper (D., Fla.) told the Wisconsin Medical Society recently that “patchwork” medicine would not be adequate in any system of prepaid care.

To be satisfactory, he declared, a program must include preventive services. “Yet organized medicine has not seen fit to provide such care in the prepayment plans it has sponsored or supported. With few exceptions, plans afford protection



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Fever Therapy in Malaria Control

Of timely interest is the use of hyperpyrexia, combined with drug therapy, for the treatment of incipient and recurrent malaria.

This type of treatment is deemed to have a physiologically sound basis, in view of "the general capillary dilatation and the associated increase in circulating rate of the blood, with increase in volume of cardiac output, bringing into the systemic circulation the plasmodium, which can then be directly acted on by the quinine in the circulating blood."*

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*G. E. Drewyer and J. E. Hughes, (Archives of Physical Therapy, May, 1944.)



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only in 'catastrophic' illness. In order to receive care, the patient has to be sick enough to be admitted to a hospital. Little or no provision is made for early detection of ills which only early diagnosis can prevent from becoming serious. No treatment is given for many minor illnesses which may be aggravated by delay. Slight attention is paid to the non-acute chronic ailments which account for an ever-increasing share of the total burden of sickness.

"Recently I discussed this subject with a physician who occupies a leading position in the councils of organized medicine. I was surprised to hear him say that if comprehensive medical care were made available to everyone, the result would be a great deal of unnecessary and costly work.

"Later he told me about the care he himself receives. Every six months he has a general physical examination, a gastro-intestinal series, a chest X-ray, a urinalysis, and blood counts. That is high quality medical care. If it is good for this physician, I am sure it would be good for the general run of Americans."

CANCER POLL. Three out of four Americans would be willing to pay increased taxes, if called upon, to finance a Federal fund of \$200 million for cancer study, according to a recent Gallup survey.

One-fifth of the adult population, the poll revealed, believe cancer to be contagious; fewer than half know any of the disease's symptoms. Some fantastic guesses as to etiology included: too much salt; eating

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raw pork; mental attitudes; horse bite; fungous growth; cooking food in porcelain pots; a stage of leprosy; small peas eaten from tin cans; gold teeth; eating seeds; elements in the air; and "badness coming out in you."

WAGNER COSTS. "Just how will the average workingman fare under a compulsory health insurance system?" asks John A. McNamara, director, Cleveland Hospital Service Association, in Hospital Management. "Proponents say that the hospitalization part of the Wagner bill will cost about 1 per cent of his wages. If he earns \$3,000 a year, that's \$30. Blue Cross Plans, for a better service for his entire family, charge him an average of only \$18. If a father works for \$3,000 a year, and if his unmarried son, age 18, works for \$1,800, and his unmarried daughter, 17, works for \$1,200, their total tax will be \$60. But if the son and daughter don't work, it will be \$30 and the benefits will be the same. If a man earns \$1,800 a year and is not married, he will pay \$18. Blue Cross Plans charge him \$7.20.

"Will Government hospitalization be comparable? Hospitals will be paid from \$3 to \$6 a day for 21

days. Hospital care in a ward costs most hospitals closer to \$7, so your worker can choose three alternatives: (1) He can pay any extra charges himself; (2) he can accept less scientific service, such as elimination of X-ray or laboratory tests or special diets; or (3) he can advocate better payments to hospitals nearer their actual cost, and thereby raise his own taxes."

VETERAN AID. Nearly 70 per cent of the active membership of the Los Angeles County (Calif.) Medical Association a month ago had paid a voluntary assessment of \$25 to establish a fund to aid demobilized physicians. Noting that a number of "members had said the fund was a mistake, that men returning to civilian status wouldn't need it," the association cited one case as having proved its value:

A young physician was killed in a Kamikaze attack on the hospital ship Comfort. Not having been long in practice, he left some indebtedness on his education and a \$5,000 mortgage on his home. "Twenty-four hours after the board of trustees learned of his death, the physician's widow was in possession of her first monthly check from the fund and the bank had received the

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payment just due on the home loan." The two monthly payments, \$50 and \$48, respectively, will be continued indefinitely by the association.

In addition, a doctor who practiced in the deceased man's neighborhood sent a letter to all other physicians in the district asking contributions to a special fund of \$5,000 for the widow. Prior to his letter, he said, more than \$2,000 had been voluntarily contributed, in amounts of up to \$500.

"MEDICAL LOBBY." Vice Commander Joseph Leib of the Washington, D.C., post, American Legion, has renewed his charges that a "medical lobby" is fighting the construction of additional Veterans Hospitals and the abolition of the so-called V.A. "pauper's oath" because of fear of "competition."

In a statement inserted in the Congressional Record by Representative Raymond S. Springer (R., Ind.), Mr. Leib said: "I have charged and I have proved that the AMA was out to get their full share of business from veterans in need of medical care. They are determined that this future as well as present business will not be taken away from their membership, i.e., the civilian doctors and private hospitals."

Mr. Leib went back to 1933 to quote from a letter from Dr. Hugh H. Young, Johns Hopkins, to a U.S. Senator, which called attention to the fact that the AMA had urged the President to effect economies in the Veterans Administration by greatly reducing "money to be paid to non-service veterans and for the program of excessive hospitalization." Dr. Young had added that "I



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would like to say personally that this hospital program, if continued, will injure very greatly the established hospitals of the country, the great hospitals connected with medical schools, and will be of incalculable injury to the medical profession."

Asked Mr. Leib: "Does any sane person need further confirmation why the medical profession is exerting pressure not only to retain the pauper oath but to keep veterans hospital construction to a minimum? The selfish and disgusting position of the medical lobby is pointed in a letter from Dr. Olin West, secretary of the AMA, dated March 7, 1945." Mr. Leib quoted Dr. West as declaring that "Any oath required in the law should be interpreted to mean that the veteran subscribing to such oath is in actual need." This, according to the legionnaire, meant that the "American Medical Association . . . is willing to have the V.A. provide medical care for veterans actually in need, obviously because they realize in such cases they could not collect their fees."

G.I. AID. Writing to Senator Claude Pepper (D., Fla.), Mrs. John P. Michaels, wife of an Orlando, Fla., physician now in service, declared that "Although I have not read the complete G.I. Bill of Rights, I have read the outline of it, and I see no provision for young doctors to continue their specialized study in hospitals. It seems logical there should be some Government help in the way of loans or dependency allotment over the lean years until these men have had a chance to complete their residencies and establish practices of their own. If

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An amendment to the G.I. Bill,
proposed by Sen. Pepper, would
liberalize its educational features
in a number of particulars:

¶ Veterans qualifying for prepro-
fessional or professional courses
would be allowed up to seven years
of training (original maximum:
four years).

¶ Financial allowance during
study would be increased to \$100
a month for a man with two depen-
dents, \$125 for a man with three,
and \$150 for four or more. (Pres-
ent grant: \$75 monthly to veteran
with dependents, regardless of
number.) The single man would
continue to get \$50 a month.

¶ Men over 25 would not have
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tered service; they would be en-
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In its fifteen years of use, says E.
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ity." In addition, says Mr. Jacobs, in
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ceived, in full, accounts that otherwise would not have been paid."

REFRESHER. Hospitals in Pennsylvania have been asked by the state medical society and state hospital association to accept returning medical officers as unofficial observers for periods of from one to three months. These men, say the associations, would do no paper work, but would make rounds on any service which interested them. Although licensed in Pennsylvania, they would not assume any responsibility for the care of a patient unless specifically requested to do so by the physician in charge of the case.

The medical society and the hospital association disclaim any in-

tention of "trying to create specialists or to help train specialists." Their purpose, they say, is to provide "familiarization facilities for every general practitioner who wishes to avail himself of them."

Within the month, a large number of hospitals have agreed to the proposal, "within reasonable rights of the staff and hospital," and others are preparing to do so.

FIRST AID. The use of police and fire department emergency squads, rather than of physicians, in first-aid work is a peculiar development of the last quarter century, comments Dr. Arthur U. Desjardins, Rochester, Minn., in the JAMA, but he concedes it to be necessary under present conditions. [Turn page]



Reamer
Giller

"IT'S ANOTHER HURRY-UP-AND-GET-WELL CARD FROM
YOUR BLUE CROSS PLAN."

"Rescue squads of firemen or police officers are only a makeshift arrangement which is far from rational. The fact that these squads receive special training, and that often their ministrations are more effective than those of the physician without special training and experience in methods of resuscitation, is beside the point. No matter how well officers may be trained to perform artificial respiration or to run a mechanical breather, they cannot be expected to know the difference between drowning, an attack of heart disease, cerebral concussion, and cerebral hemorrhage. Physicians of each community should, on their own initiative or on that of the county or state medical association, organize an emergency service for full-time duty." As an alternative, "state departments of health should be made responsible for the organization and operation of these services. Physicians selected might perhaps be on duty for a week at a time, one group during the day and one at night, and have at their disposal an ambulance fully equipped to deal with any emergency that might arise."

Such groups, says Dr. Desjardins, should be composed, not of internes, but of experienced physi-

cians with special training in resuscitation and all other emergency situations.

Kaiser Program Opened to the Public

Permanente invites G.P.'s to become associates

Private practitioners in the Oakland and Richmond areas of California may have been concerned, a month ago, about the throwing open of Henry J. Kaiser's Permanente Hospital facilities to the public; but they were not surprised. They had suspected all along that when wartime production fell off in the industrialist's shipyards (labor strength now is 50 per cent of peak) the Permanente Foundation, with its eighty full-time physicians and surgeons and 300 hospital beds, would look elsewhere for patients.

Dr. Sidney Garfield, director of the foundation (which is capable of serving a population of 100,000), told MEDICAL ECONOMICS that private G.P.'s were already participating on a fee basis in the Permanente program—had been since the beginning of the year—and that the hospital was open to qualified men

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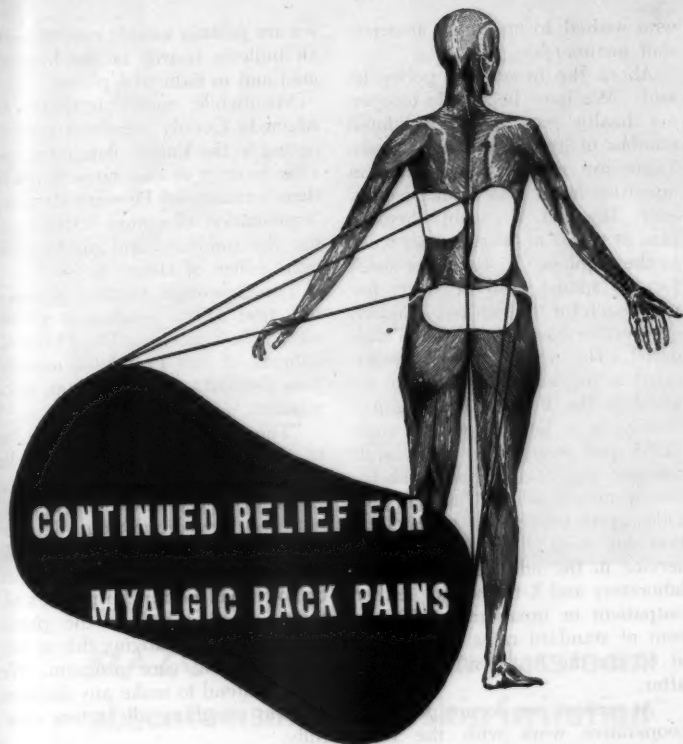
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Johnson's BACK PLASTER

who wished to apply for associate staff membership.

About the broadened policy he said: "We have been able to open our health program to a limited number of groups and individuals. There are now two programs in operation in the San Francisco Bay area: The first is a comprehensive plan at a cost of 50 cents per week to the employee, 75 cents per week for the spouse, and 50 cents per week each for the first two children (no further cost for additional children). The second plan, inaugurated in the Vallejo area at the request of the Federal Housing Authority, is a limited one. It costs \$1.85 per month for each adult member and 80 cents per month for one or more children. The plan provides up to thirty days' hospitalization for each illness; physician's service in the office at \$1 a visit; laboratory and X-ray service, either outpatient or inpatient, at 50 per cent of standard rates; home calls at \$3 for the first visit, \$1 thereafter.

"At present, we do not plan any cooperative work with the Blue Cross or the California Physicians' Service. To publicize our program,

we are posting sample contracts on all bulletin boards in the housing area and in industrial plants."

Meanwhile, most physicians in Alameda County were not participating in the Kaiser plan, either on a fee basis or as associates. Some of them condemned Permanente as an "exploitation of young doctors under the publicity and public relations policy of Henry Kaiser."

The California Medical Association trod softly, pending a scheduled policy meeting. Dr. Philip K. Gilman, of San Francisco, association president, told **MEDICAL ECONOMICS**:

"The opening of the Kaiser plan to industrial and other public groups has not yet come before the CMA for official attention. At present, we have insufficient data to permit any sort of consideration of this plan, or any decision on whether or not it will be for the public's ultimate good, which is the prime consideration in judging this or any other medical care program. We do not intend to make any decision without weighing all factors carefully.

"At the present time the California Medical Association is working

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XUM



MAZON offers help in classroom absenteeism due to skin irritation

The juvenile years are often accompanied by disturbing skin conditions that keep youngsters away from their classes and playmates. A way to help return these youngsters to normal activity is found in Mazon.

For Mazon has proved its ability to bring prompt relief from skin irritation in patients of all ages, and promote rapid recovery. Mazon has often obtained satisfactory response in resistant skin cases of

long duration, where the use of other medicaments had failed. Why not try Mazon on your next skin case?

MAZON

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

BELMONT LABORATORIES CO., PHILADELPHIA, PA.



**A "CUSHION"
OF
PROTECTION**

**in
Salicylate Therapy**

"Cushioned" by protective alkalis, it is possible to obtain fast, intensive salicylization with a minimum of gastric or systemic upset by massive dosage with

ALYSINE

Natural Salicylate and Alkaline Salts

In Alysine, Merrell's Natural Salicylate (from oil of sweet birch) is combined in 1:2 ratio with selected alkaline salts, which act to prevent gastric precipitation of irritant salicylic acid.

Elixir Alysine is supplied in 4-oz., pint and gallon bottles; Alysine Powder in 1-oz., 4-oz. and pound bottles.

Trademark "Alysine" Reg. U. S. Pat. Off.

MERRELL

THE W. A. MERRELL COMPANY

CINCINNATI, U. S. A.

on a statement of policy, or a platform of medical service, which can be used as a standard for any plans suggested for California. When and if such a platform is officially adopted, it can be used as a yardstick for the Kaiser plan, or any other."

The California Physicians' Service appeared to be standing on its record. One labor union, it was reported, had attempted to switch a CPS group to Permanente, but following a meeting at which the features of both plans were discussed, the group voted overwhelmingly to stick to the CPS.

Said Henry J. Kaiser: "The Alameda County Medical Association did everything to oppose the foundation project in its early days when we had injured people in the halls and basement of our plant. It took months to get permission to build the hospital. I hope that the council of the CMS will be out to help us now that we have the hospital constructed and are doing a constructive piece of work for the community, which is so sorely in need of this service."

DRUGS. Among the suggestions of the postwar planning committee of the Onondaga County (N.Y.) Medical Society:

¶ That physicians cease dispensing except in areas with inadequate pharmacy service. ("Many drugs deteriorate with age or with exposure to variable temperature, moisture, light, and evaporation. Poisoning is another responsibility to consider.")

¶ That physicians refrain from discussing costs of prescriptions with patients ("Pharmacists do not discuss physicians' fees").

¶ That joint medical-pharmaceutical

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"PLUS FACTORS"

IN THE TREATMENT OF BURNS

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BUT... CHEMICALLY, Foille offers these noteworthy, additional, clinical advantages:

- **Consistently avoids sepsis**
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5 gallons, gallons, quarts, pints, 4-oz., 2-oz. bottles

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Stable, all-vegetable oils base—6-lb., 1-lb. jars

Write to us for sample of New Foille Ointment

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SERIOUS FALLS!

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Bowel Function
by
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A constructive means of restoring normal intestinal spasm through a safe, non-irritant preparation of concentrated vegetable muciloid made from *Plantago Ovata*.

Particularly recommended for catarrhal colitis and functional disturbances caused by colonic stasis.

Write for clinical test samples and literature.

BURTON, PARSONS & CO.

WASHINGTON, D. C.

education programs be undertaken.

¶ That the public be educated the "dangers of self-medication, especially with nostrums."

Society Offers Medical Veterans Collateral

*Will help them get loans
via War Bond pool*

Physicians returning to Columbus, Ohio, from service, and in need of financial aid, will be furnished top drawer collateral for bank loans by colleagues who have remained in civilian life. The collateral will be part of a pool of War Bonds purchased by practitioners and turned over, until 1950, to the veterans committee of the Columbus Academy of Medicine.

The pool, suggested a short time ago by Dr. George J. Heer, president of the academy, has been enthusiastically endorsed by members. A month ago, \$50,000 had been subscribed with each participant pledged (1) to buy one or more \$500 U.S. Treasury bonds; (2) to hold the bonds until maturity in 1950; and (3) to place them in the pool for use as collateral by returning veterans. The lenders also agreed to share any possible loss when the pool is finally liquidated.

The agreement stipulates that "no loans shall be made for unreasonable or impractical purposes, such as the purchase of real estate or non-essential equipment" but "only for the purpose of helping establish the veteran reasonably and materially in his practice, and only until such time as he is self-sustaining."

Officials of the Ohio National

AT HOME OR AWAY

SPOT TESTS

SIMPLIFY URINALYSIS

NO TEST TUBES • NO MEASURING • NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest

FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (DENCO)

FOR DETECTION OF ACETONE IN THE URINE

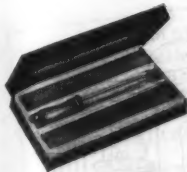
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1. A LITTLE POWDER



2. A LITTLE URINE

COLOR REACTION IMMEDIATELY



A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses.

Accepted for advertising in the Journal of the A.M.A.

WRITE FOR DESCRIPTIVE LITERATURE

THE DENVER CHEMICAL MANUFACTURING COMPANY, INC.

163 Varick Street, New York 13, N. Y.

Bank and the academy's veterans' committee will pass on all applications.

PREPAYMENT. "We must multiply the number of subscribers who participate in voluntary programs, and not the number of adjectives we hurl at compulsory plans," declares C. Rufus Rorem, Ph.D., CPA, director of the Hospital Service Plan Commission, American Hospital Association. He also concludes that "The Wagner bill or any similar proposal cannot be designated as compulsory if it is voluntarily voted by the representatives of the people.

"If the citizens of this county authorize their legislators to require them to contribute to the cost of health service, there will have

been no compulsion upon these citizens to participate in the program. But there will develop a compulsion upon the professions and the institutions to provide services in accord with the will of the people."

ARCHITECTURE. The American Institute of Architects, "recognizing the effect of proper hospital planning upon the well-being of the community," has established a committee on hospitalization and public health which, among other things, will encourage specialization among architects in hospital design and promote the interchange of data on construction standards. Said the institute: "There has been in the past a theory that a properly skilled architect could clothe any organiza-



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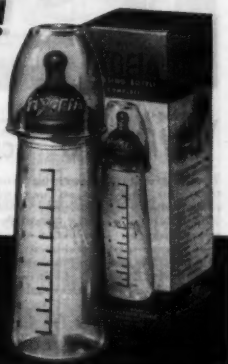
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national magazines
say,

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HYGEIA NURSING BOTTLES NIPPLES WITH CAPS

Sold complete as illustrated, or parts separately





ETHYL CHLORIDE U.S.P.

IN *Gebauer's* AMBER GLASS
CONTAINERS

Professionally preferred for its purity. 4 fl. oz. and
2 fl. oz. containers at all surgical supply stores.

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**GOMCO CIRCUMCISION
CLAMPS**

The profession is turning more and more to this new, yet proven method: a bloodless circumcision technique. Gomco Circumcision Clamps greatly simplify the operative procedure on newborns or adults—require less time—give clean-cut incisions which seal in 24 hours. No sutures needed with newborn. Danger of infection greatly reduced. Used by thousands of physicians.

GOMCO 2943 HTI
SURGICAL MANUFACTURING CORP.
73 Elliott Street, Buffalo, N.Y.

tion, regardless of its nature, with a satisfactory building. However, our program for determining the qualifications of hospital architects for the first time gives recognition to a specialization."

'Contingent' Insurance Taxable in Estate

*Supreme Court holds it has
no 'true element of risk'*

When a person purchases life insurance in combination with an annuity as a device to transfer a portion of his estate to a beneficiary, but holds a "string" on the proceeds until his death in the form of a contingent reversionary interest, the proceeds are subject to inheritance taxes, says the U.S. Supreme Court. Justice Frank Murphy, in a majority opinion, has declared that "The two contracts, which must be considered together, contain none of the true elements of insurance risk."

The decision stems from a suit filed by the estate of Morris L. Goldstone to force a refund by the Internal Revenue Bureau. Goldstone, five years before he died at the age of 68, had purchased a life insurance policy and an annuity contract from the Equitable Society for \$26,500, which included a single premium of \$14,357.08 on a policy which insured his life for \$18,928. In lieu of a physical examination, the company required him to purchase an annuity policy for a single premium of \$12,142.92. This contract provided for payments of \$773.02 a year to Goldstone, and \$6,071.46 to his wife or daughters on his death, or to his estate if they predeceased him. [Continued on page 166]

VIM is the Needle for *Intravenous Work*

and your favorite lengths and gauges are now available

Ask the surgical dealer's representative for the needle most favored for Intravenous work by thousands of physicians and specialists—the Square-Hub VIM.

Made from genuine Stainless *Cutlery* Steel, the VIM point is beautifully tapered and hollow-ground; the flat edges of the point are razor-sharp and thus gently slit tissue and vein wall instead of puncturing. Most important, VIM points hold their sharpness despite continued use and sterilization; they are heat-treated and uniformly tempered to exactly the hardness required to assure long-lasting service in a cutting instrument. If it's a VIM, it stays sharp longer.

For intravenous work, VIM Stainless *Cutlery* Steel needles are now available in the following lengths and gauges, all with Intravenous Points (18°):

25 Gauge, $\frac{3}{4}$ "	21 Gauge, 1"
24 Gauge, $\frac{3}{4}$ " $\frac{1}{2}$ "	20 Gauge, 1" $\frac{1}{2}$ "
23 Gauge, $\frac{3}{4}$ "	18 Gauge, 1 $\frac{1}{2}$ "
22 Gauge, $\frac{3}{4}$ " 1" 1 $\frac{1}{4}$ " 1 $\frac{1}{2}$ "	

Order these sizes from your surgical instrument dealer. Write us for a complete list of sizes for general Hypo use, for Intramuscular, Intradermal, Subcutaneous and Immunization work. *Hollow-Ground Points Keen-Cutting Edges*

MacGregor Instrument Company
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SOUTH AMERICA—G-E Medical Products Co., Chicago, Illinois

Here You Are, Mr. Faucett

Mr. Samuel K. Faucett, Philadelphia, wrote us July 13 as follows: "As a suggestion, when you start advertising in the various journals, I would suggest you list the cities, where sold, and the dealers."

We had to arrange for two pages instead of one and we had to print the names in rather small type but here they are, Mr. Faucett—all 375 of 'em, in all parts of the country.

To those thousands who use Gauztex and to those who are looking for quick information about Gauztex or any reputable first aid item the dealers listed on these two pages offer immediate service.

And for those who may be unfamiliar with Gauztex, let us add this footnote: Gauztex is white surgical gauze treated so that it sticks to itself, but only to itself. Will not come off in oil, gasoline, naphtha or water. Permits free entrance of air. Leaves no gum stains.

Your nearest dealer listed below will give you prices and any other information you want. Manufactured only by GENERAL BANDAGES, Inc., 531 Plymouth Court, Chicago 5, Ill.

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T. S. S. Heard Company
Travers & Hennig, Inc.
J. A. Vincent Medical Spec. Co.
Walters Surgical Company
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Decker Surgical Company
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COLORADO

George Berbert & Sons
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FLORIDA

Surgical Supply Co.
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Medical Supply Company
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ILLINOIS

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Medic-Mart, Inc.
Physicians Dressing Service
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AUTEX

THE SELF ADHERING GAUZE

Thus, maintained Justice Murphy, Goldstone effected the transfer of about \$25,000 to his family but retained the right to annual payments under the annuity contract and a contingent reversionary interest in both contracts. And although his wife had certain rights in them—to assign, borrow on them, receive dividends, change beneficiaries, and surrender them for cash values—the opinion held these rights did not mitigate Goldstone's control. Transfer of the contract's proceeds, the court concluded, was effectuated at Goldstone's death, and the essential element of his reversionary interest at time of death required that the contract proceeds be included in the gross taxable estate.

PHOTOS. By using a "surgiscope"—a lightweight metal camera

case that can be autoclaved—an assistant may take flashlight color pictures of an operation without danger of infecting the operating area. A specially designed camera must be used in the case.

VETERANS' P.G. Many medical officers have indicated that they do not want "stereotyped" refresher or post-graduate courses when they come out of service, Dr. W. P. Callahan, president of the Kansas Medical Society, has declared. "They have asked for assistantships with well-recognized doctors for from thirty to sixty days. Discussing the matter with various specialists, I have found that we can arrange some of these courses. We have also considered asking a number of hospitals to take five or six men and make them first operative assistants

MEDICAL FURNITURE AT ITS BEST...



HAMILTON NU-TONE

A deluxe suite of warm toned walnut wood, spacious in appearance, modern from every standpoint. Here is quality merchandise bearing patented features only Hamilton can supply.

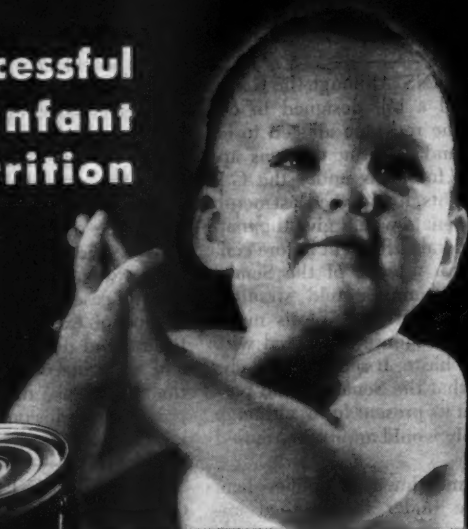


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LACTOGEN + WATER = FORMULA

1 LEVEL TABLESPOON

2 OUNCES

2 FLUID OUNCES

40 CALORIES
(APPROX.)

20 CALORIES
PER OZ. (APPROX.)

DEXTROGEN + WATER = FORMULA

1 FLUID OUNCE

1½ OUNCES

2½ FLUID OUNCES

50 CALORIES

20 CALORIES
PER OUNCE



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Products, Inc.**

155 EAST 44TH ST., NEW YORK, 17, N. Y.

for from thirty to sixty days. A similar plan could be arranged for those interested in internal medicine and other specialties."

G.I. LOANS. Although the House has passed a bill designed to cut some of the red tape alleged to be delaying and defeating veterans' applications for loans under the G.I. Bill of Rights, it appeared last month that the Senate would give the matter considerable thought before concurring. An attache of the Senate Finance Committee told **MEDICAL ECONOMICS** that some of its members felt the House had acted with too much haste. It seemed unlikely, he said, that the Senate would pass the bill in its present form, although it probably would approve a revised version.

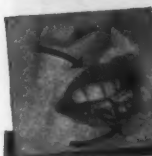
The amendment simplifies loan procedure under the original authorization of the G.I. Bill guaranteeing one-half of loans up to \$4,000, or a maximum of \$2,000 on larger amounts. Under the present law, applications by veterans must go to the Veterans Administration, which utilizes the Reconstruction Finance Corporation and the Smaller War Plants Corporation to investigate applications for business loans, and the Farm Security Administration to investigate farm loans.

"This has actually meant," asserts Charles Hurd, Washington columnist of the New York Times, "that a loan agreement has had to go first to

the Veterans Administration, then to the investigating agency, and on down through the maze of state and local offices, and back to the V.A., where an official with no knowledge of local conditions involved makes a decision based entirely on the paper reports. How much the processing of a single application has cost cannot be estimated, but it is plenty. Delays have been long."

On the other hand, an administrative officer of the Veterans Administration told **MEDICAL ECONOMICS** that cases cited by the American Legion of excessive red tape, confusion, and delay were "not typical and were inaccurately stated," and that in no case did "the facts support the conclusions drawn by critics."

WAGNER FINESSE. More than one reader was puzzled by the faintly laudatory tone with which previously hostile newspapers summarized the new Wagner-Murray-Dingell bill the day after it was introduced. Behind the apparent about-face was what the Passaic (N.J.) Herald-News calls "an arresting exhibition of legislative chicanery." Indignant, the newspaper explains that at the moment the bill was introduced, "a long official summary, in mimeographed form, was released by Senator Wagner. But the formal text of the bill was not available for three days. During that interval, the new measure received a favorable press from coast to coast



In Cheilitis from LIPSTICK **PRESCRIBE**

Intractable exfoliative lip dermatoses may often be traced to eosin lipstick dyes. Remove the offending irritants, and the symptoms often disappear. In lipstick hypersensitivity, prescribe **AR-EX NON-PERMANENT LIPSTICK**—so cosmetically desirable, yet free from all known irritants and allergens. Send for Free Formulary.



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Wife of Achilles

The mythical Achilles had but one vulnerable spot, but the pregnant woman is systematically vulnerable—vulnerable to deficiencies in calcium, phosphorus and vitamin D. When pregnant women neglect or refuse a balanced diet, their unborn babies,

as well as they themselves, are the losers.

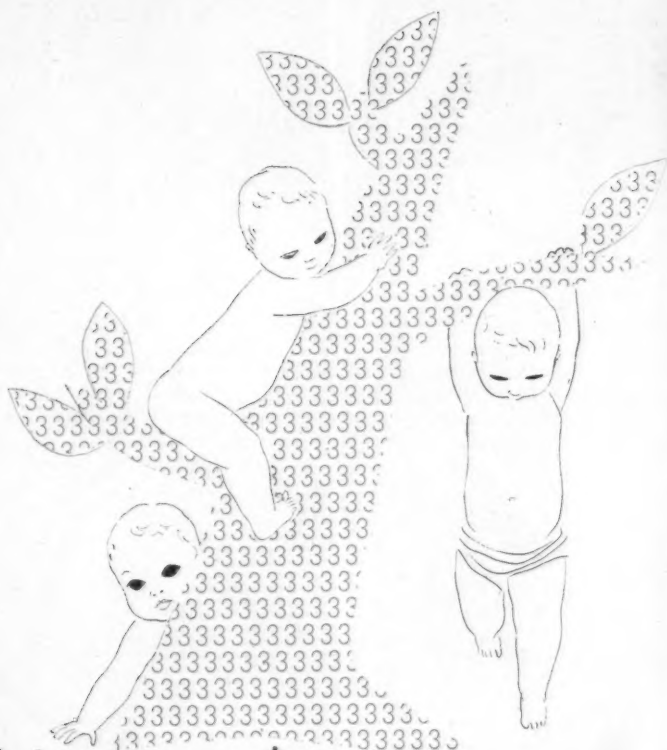
Protection in regard to these elements can be simply conferred when SQUIBB Dicalcium Phosphate with Viosterol—two capsules, three times daily—is added to the average diet.

Dicalcium Phosphate Compound

WITH VIOSTEROL

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From infancy through late childhood, the average dose of Navitol with Viosterol is *only three drops daily*. This modern three-drop dose assures anti-rachitic protection for the normal child *throughout the active growth period*.

The maximum potencies of concentrated Oleovitamin A and D specified in U. S. P. XII

—5,000 U.S.P. units of vitamin A and 1000 U.S.P. units of vitamin D—are supplied in three drops. So palatable, Navitol can be placed right on the baby's tongue, if desired. So nearly odorless, it is an instant hit with mothers. And economical! The three-drop dose costs only half a cent a day!

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RIASOL "gets to the point" in psoriasis.

It does this in the most forceful manner possible. *RIASOL "gets to the point" by relieving psoriasis.*

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Please send me literature and generous clinical package of RIASOL.

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After Use of Riasol



RIASOL FOR PSORIASIS

because correspondents were compelled to write their summaries, not from the text of the legislation, but from Senator Wagner's eulogy.

"We do not believe," the newspaper says, "that the American people will embrace a new system of ration boards to dispense health and welfare at a flat 4 per cent rate from the weekly paycheck. If the good right ear which we keep constantly to the ground does not deceive us, American workers already feel that too large a chunk of their weekly pay is gone before they ever get a whack at it."

POLITICS. The St. Louis Medical Society has suggested that doctors observe these rules in writing to legislators: (1) Always spell the man's name correctly. (2) Write on your office stationery. (3) Sign your

name and address plainly. (4) Don't telegraph. (5) Don't threaten political reprisals. (6) Speak only for yourself. (7) Write in a friendly manner. (8) Give a reason why you favor or oppose legislation.

CASTE. Prepayment programs that restrict medical insurance to hospitalized persons are responsible for a "serious line of demarcation between physicians," Dr. Francis Ashley Faught recently told the Philadelphia County Medical Society. There should be no discrimination between staff and non-staff physicians, said Dr. Faught, for it "might easily result in a serious loss of income and prestige to a large percentage of doctors, particularly those in outlying districts where no hospitals are available. I can see no reason why a patient who has the

THE BURTON PISTOLITE

THE MODERN MEDICAL HAND-LIGHT



FOR FULL INFORMATION AND ILLUSTRATED BROCHURE

Write Today

THE BURTON PISTOLITE provides versatility and effectiveness hitherto unapproached in oral and other body cavity exploration. A streamlined handy office installation for controlled, specific, high-intensity illumination.

The **PISTOLITE** Grip Handle can be used with instantly attachable standard wooden tongue blade and Tip Light or with a laryngeal mirror and Burton Straight Light. Burton Lights may be sterilized by boiling.

THE BURTON PISTOLITE SET No. 1500

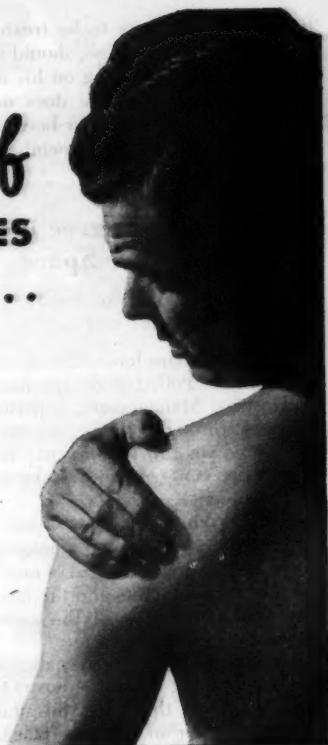
- Pistolite Handle
- Laryngeal Mirror
- Mirror Holder
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- 555. High Intensity Tip Light
- Cord Reel Cord Set
- Power Governor for Alternating Current

SET COMPLETE, \$25.00. (For D-C Installation — \$7.50 Extra)

BURTON MANUFACTURING CO.

3853 N. Lincoln Avenue • Chicago 13, Illinois

**For
the Relief of
MUSCULAR ACHES
AND PAINS...**



**Suggest
ABSORBINE JR.**

funds and the desire to be treated at home for a long illness, should be prevented from realizing on his insurance just because he does not want to go to a hospital or because his physician is not a staff member."

Hospitals Disagree on Doctor-Office Space

Almost-even division brings arguments pro and con

"Should physicians have office space in hospitals?" Polled on the question by Hospital Management, superintendents throughout the country have voted yes (45.76 per cent), no (47.46 per cent), and don't know (6.78 per cent).

Typical comments:

Minnesota: "The arrangement would help to lower the cost of medical care, since doctors and the hospital could make use of the same diagnostic facilities."

Kentucky: "The doctors' patients would be milling about the hospital at all hours. I think the hospital should be rather an exclusive place. The fewer people around—the less noise, visitors, and dirt."

Ohio: "The men who fill most of the beds and do the teaching should be able to center their office practice where every possible assistance in the way of personnel and equipment would be at their disposal."

North Carolina: "For the past twenty-one years our staff physi-

cians have occupied offices in the building, confining their work to office practice and hospital care. By this arrangement they are always available for immediate consultation."

Louisiana: "There are disadvantages in having doctors in the hospital, but there are many advantages in having them easily accessible [in a nearby building.]"

Kentucky: "The arrangement lends itself to group practice, which is being advocated."

Tennessee: "In a doctors' office building connected with our hospital we have nearly 25,000 square feet of space. Many applications were made before the building was started, and space was taken as soon as it was available. When a number of our tenants went into the armed forces, I feared we'd have a lot of office on our hands, but they were all promptly taken, and we have a number of unfilled applications."

New Jersey: "It would tend to improve public relations through having large numbers of people come to the hospital for minor care, thereby tending to break down the fear engendered by the present practice of using its facilities only for more serious illnesses."

INDUSTRIAL MEDICINE. The physician-needs of small plants were called to the attention of New York County Medical Society members by its special committee on industrial medicine, which invited in-

BURNHAM SOLUBLE IODINE

Has been successfully employed for iodine alterative effects. Prescribe 15 to 20 drops t.i.d. well diluted 15 minutes before meals.

A sample will convince you

Burnham Soluble Iodine Co., Auburndale 66, Boston, Mass.

HELPS **2** WAYS

in Functional Renal Disorders

DIURETIC 401

1. INCREASES URINARY OUTPUT

Liberal diuresis is maintained by the Theobromine Sodium Salicylate in Diuretic 401, a modern formula potentiated with extracts uva ursi and buchu.

2. PROTECTS URINARY EPITHELIA

The daily dosage of vitamin A in Diuretic 401 helps maintain the tissue adequacy necessary to epithelial integrity of the urinary tract . . . and avoid mucosal atrophy and danger of infection which may arise with vitamin A deficiency.

DIURETIC 401 merits your trial in functional renal stasis and renal edema requiring prolonged diuresis especially in renal disorders where avitaminosis-A may be present . . . Economical bottles of 100, 500, and 1,000 tablets.

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PACKAGE OF
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Send my bottle of 100 Diuretic 401 tablets and
literature to . . .

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St. and No.

City and State.



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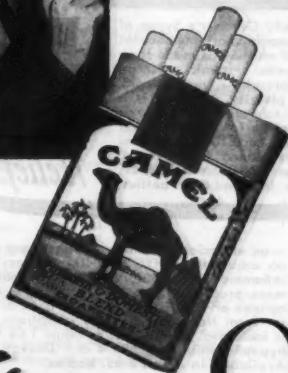
V-Day for the Doctor!



● "Good-bye, Doc—and many thanks for everything!"

Yes, that's V-Day for the service doctor ... victory in his war to *save* lives.

And doctor that he is—soldier too—he well knows how much a "smoke" can mean to a fighting man. He himself may find that same comfort and cheer in a few moments with a good cigarette. Very likely it's a Camel—for Camels are such a big favorite with fighting men—in O. D., in blue, and in *white*.



R. J. REYNOLDS TOBACCO COMPANY
WINSTON-SALEM, N. C.

Tobacco—Camels

terested practitioners to fill in a brief questionnaire of experience in the field or to indicate their desire to take a course in industrial medicine. The society explained that a survey of potentials was the first step in developing an adequate program of placement and education.

CONSTRUCTION. Masonry and tile up to ceiling level, plus a roof of specially treated flameproof wood, make the new addition to the Mercy Hospital, Rockville Center, N.Y., fire-resistant throughout.

CHRISTIAN SCIENCE practitioners are not permitted to sue for payment of fees, under the rules of their church, but one of them, at least, tried to find his way around that obstacle. The "scientist," M. F. Haskins of Rutland, Vt., assigned

a claim of \$126 to a friend, who brought suit. It developed during trial that the bill covered treatments in absentia, which Christian Science holds are just as effective as those made in the presence of the patient.

Haskins testified that he had given treatments to one Williams to the extent of \$126, but he would not elaborate on that statement. When asked to define the nature of the treatments he declined to say more than that they were "a form of prayer in conformity with Christian Science doctrine." The court threw out the case, but it was appealed to a higher tribunal, which also rejected it with this opinion:

"Haskins is the only one who knows whether or not he gave the treatments. Neither the patient or anyone else has any knowledge of

AN IMPORTANT *Therapeutic Team* IN **RESPIRATORY AFFECTIONS**

The effectiveness of HYODIN (formerly Gardner's Syrup of Hydriodic Acid) in stimulating bronchopulmonary membranes to effect secretion and liquefaction of mucus has made it an iodine preparation of choice to provide systemic relief in: Influenza, bronchial dyspnea, chronic bronchitis, common cold, grippe, unresolved pneumonia and pleurisy. HYODIN is a colorless . . . most palatable . . . well-tolerated . . . less toxic . . . and highly stable iodine preparation for use whenever internal iodine medication is indicated. Each 100 cc. contains 1.3-1.5 Gm. hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in 1/2 glass water 1/2 hr. before meals. Available: In 4 and 8 oz. bottles.

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HYODIN
for Systemic Relief

GARDNER'S
SYRUP AMMONIUM
HYPHOSPHITE
for Local Relief

— an efficacious demulcent expectorant often employed as an adjuvant to HYODIN. Its efficiency in soothing local inflammation, and diminishing the cough by making it more productive and less fatiguing — without the use of opiates or sedatives — qualifies it as an ideal preparation for local treatment of many conditions in which HYODIN is indicated. Each 30 cc. contains 1.05 Gm. of ammonium hypophosphite (2 gr. in 4 cc.). Dosage: 1 to 2 tsp. p.r.n. Available: In 4 and 8 oz. bottles.

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MAKERS OF SYRUP OF HYDRIODIC ACID SINCE 1878

"TOPS" WITH DOCTORS?

97 out of 100 said "YES"!



AMMEN'S RELIEVES

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- * SUNBURN
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- * CHAFING
- * And all minor skin and foot irritations

One hundred doctors at a recent Louisiana State Medical convention were asked two questions:

- Ques. 1. Do you prefer an antiseptic body powder?
"Yes," said 98—2 did not answer.
- Ques. 2. What is your favorite brand of antiseptic powder?
"AMMEN'S," said 97—another brand, 1—2 did not answer.

Doctors realize that the perfect all-purpose body powder must be:

ANALGESIC . . . to soothe the skin

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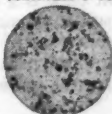
ANTISEPTIC . . . to prevent bacterial growth

Exhaustive laboratory tests proved that Ammen's quality and antiseptic action provide protection and specific comfort that ordinary powders just don't have.

That's why hundreds of thousands of Uncle Sam's boys, from the blistering tropics to the biting Arctic, use Ammen's.

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AMMEN'S IS ABSORBENT



Unretouched, magnified photo of Ammen's Powder.

Note uniformly fine particles which result in a smooth, fine texture.

AMMEN'S IS ANTISEPTIC

Unretouched photo of agar cup plate test. Black area (6 to 7 mm.) is zone in which germs cannot live.



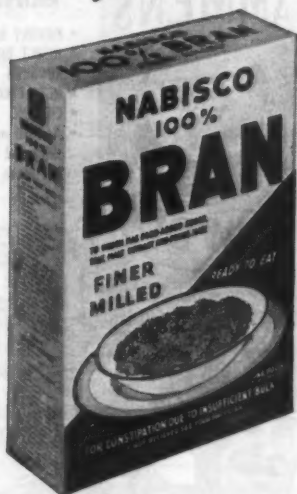
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Triple Action Powder

Always "TOPS"

But it took a war to Prove it!

*Patients like this crisp,
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DIET-BULK

When insufficient bulk is a causative factor in constipation, physicians frequently find Nabisco 100% Bran a welcome addition to the patient's diet. Appetizing as a cereal or in muffins and cookies.

Nabisco 100% Bran provides all the nutritive qualities of the whole bran—contains valuable phosphorus and iron—and the important Vitamin B₁, too.

Finer-Milled, Nabisco 100% Bran particles are broken down, made smaller. Mild and gentle in action. Sold in pound and half-pound packages at food stores. Physician's sample on request.

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the matter. Such uncorroborated testimony is not of a character to compel a verdict for the plaintiff."

STATE MEDICINE. The United States News expresses the following viewpoint on what it refers to as "a topic of outstanding importance in national affairs":

"At the end of the war, this country will take a long stride into Government-supported medicine. Nearly a quarter of the adult population will become entitled to free hospital care and treatment. This segment of the people will consist of the 15,000,000 veterans of this war and the 5,000,000 veterans of previous conflicts. Congress, by law, has already guaranteed these things to the veteran.

"Beyond this, Congress is called upon to act on legislation establishing a broad system of health, hospital, and medical insurance for the people generally. That proposal faces a doubtful future, because it is too deep a plunge into state medicine for Congress to take at once. But it has strong and persistent backing. Eventual passage in some form is generally expected.

"The veteran's freedom from hospital bills and from doctor's bills in cases where hospitalization is necessary has been established. To that extent, state-controlled medicine has become a fact. But the veteran must still provide medical care for his family. For months, the Social Security Board has been endeavoring to provide for this last group through a system of compulsory health insurance.

"Congress is going slowly on its approach to the measure. It apparently has little liking for the health insurance idea. However, the his-

Hay Fever Relief

begins in 10 minutes

FOUR TABLETS of Nakamo Bell, each tablet containing 1/24 gr. ephedrine hydrochloride, NaCL, NH₄CL, KCL, will provide relief usually within ten minutes.

So many doctors are now prescribing and dispensing Nakamo Bell for hay fever and such favorable reports are being obtained—that we want you to try it.

Check this tablet for yourself, and let results convince you.

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Sample Nakamo Bell, please.

Dr.

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Common Cold



and the Vicious "Family Cycle" of Secondary Infections

Every physician numbers among his patients many families to whom each new cold means a distressing series of infections, passed around and 'round the family circle until tiring. For such families, many physicians are prescribing Oravax as a prophylactic measure.

ORAVAX

Brand of Oral Bacterial Vaccine

A small enteric-coated tablet containing 50 million killed bacteria of certain species that frequently act as secondary invaders.

Published clinical investigations have shown

definite reductions in the incidence, severity and duration of common cold sequelae, in a high percentage of persons taking Oravax. Admittedly, not every person is benefited, and several clinical studies have produced negative or indifferent results. But the weight of favorable evidence certainly suggests the logic of a "test season" of Oravax this winter for the colds-susceptible families under your care.

Oravax is available in bottles of 20, 50 and 100. For best results, prescribe 1 tablet daily for 7 days, then 1 tablet twice a week throughout the season when colds are most prevalent.

MERRELL

Trademark "Oravax" Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.

tory of such reforms is that they come slowly. They have a way of hanging on and eventually reaching enactment. Friends of the legislation think state medicine will be no exception.

"So one stride into state-supported medicine—the veterans—seems likely to be followed by another."

V.A. Disability Rating Schedule Broadened

Factors: high rate of wound survival, tropical war

The new disability rating schedule of the Veterans Administration, in preparation two years, replaces and liberalizes many provisions of the one promulgated in 1933. The global aspects of World War II, as well as its new battle techniques, necessitated the inclusion of additional diseases (mostly tropical) and disabilities.

Classifications of conditions have been broken down into greater detail, with the aim of providing not only more scientific evaluations but a simpler method of arriving at them. For example, 176 disabilities of bone, joint, and muscle are listed—with numerous gradations of each—compared to 126 in the old schedule. Principal increases: multiple finger amputations and ankylosis; more important muscle injuries; ankylosis of major joints. Ratings for loss of use of hand or foot have been increased to parity with amputations.

The higher survival rate of wounded in World War II was a factor in reconsideration of disabilities due to skull fractures; gunshot

wounds of the brain, chest, and abdomen; explosions; oil burns; etc. While the schedule lists a number of tropical diseases, so far only malaria and filariasis have been encountered to any extent among discharged veterans.

Other sections of the schedule, covering conditions common to soldiers and civilians, have been rewritten to give more accurate and detailed description of the grades of disability. For example:

¶ Musculo-skeletal: Because rating requires close analysis, especially when the deeper structures are affected, the schedule warns that in making a rating, the whole history of the injury must be studied to ascertain extent of disability.

¶ Amputations: Values have been changed very little, except where disability involves the multiple or individual loss of fingers or tarso-metatarsal or transtatarsal foot amputation. Higher ratings have been generally provided for conditions involving the non-union of bones and ankylosis.

¶ Perceptory: Little change in ratings, except for deafness. Thus, a veteran who has been deafened in both ears and whose hearing cannot be improved by a mechanical aid is rated 100 per cent disabled. Other degrees of deafness are rated on the basis of correction.

¶ Respiratory: A number of ratings have been changed, including resected ribs as a consideration in cases of thoracoplasty.

¶ Cardiovascular: Separate scales for several etiological types of heart disease are now included.

¶ Endocrine: Ratings have been revised to emphasize organic pathology.

¶ Psychiatric: Conditions have

been separated according to type of psychosis. Psychoneurosis ratings have been more specifically defined.

V.A. Turns Over Veteran Care to Private M.D.'s

Fee plan involves hospital, outpatient, clinic care

Replying to a suggestion in the New York Times that veterans be permitted to obtain medical care from their own physicians and hospitalization in their own community institutions, Dr. Granville L. Jones, president of the Monmouth County (N.J.) Medical Society, recently described a program his society had worked out in conjunction with Veterans Administration officers at the Lyons, N.J., facility. He described the Lyons officers as enthusiastic about the proposal, and said they had received permission from Washington to put it into operation.

Dr. Jones described the "Monmouth plan" as follows:

All members of the society who are willing to serve will be designated as outpatient physicians on a fee basis for the Veterans Administration; they will include about 90 per cent of the membership. The society will supervise their work.

"There will be screening clinics," Dr. Jones added, "staffed by specialists in several fields; internal medicine; general surgery; orthopedic surgery; eye, ear, nose, and throat; psy-

chiatry; etc. The veteran, having authorized the Red Cross to obtain his medical record, may come to these clinics. On the basis of his record and their own findings the clinic staff will determine whether the veteran needs treatment and whether it can be carried out at home or requires hospitalization."

Arrangements were being worked out with local general or specialized hospitals, said Dr. Jones, for the admission of screened veterans.

"The Monmouth plan preserves the individual doctor-patient relationship and averts the psychologically bad situation of treatment by a 'Government doctor' in whose selection the patient has had no part. It also obviates the hardship of traveling long distances to a veterans' clinical center," he concluded.

FEES. Physicians should be firm against suggestions that they absorb the difference between their regular fees and those set up in the schedules of commercial sickness and accident policies, the Milwaukee County (Wis.) Medical Society has declared. Salesmen, it said, do not tell prospects that a policy's payments are lower than customary fees; then, when a patient complains, the companies suggest that he get his doctor to reduce the bill.

Noting that employers who provide group coverage for employees sometimes agree with insurance companies that the doctor should meet any deficiency, the society

New ... THE No. 66

Bathinette*

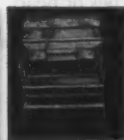
The "Bathinette" Way is the Accepted Way of **COMBINATION BATH AND TABLE** bathing babies. Hammock with Headrest supports baby's head—leaving mother's hands free for bathing. Equipped with Shelf for baby's things and Spray for filling Tub and rinsing baby.

DOCTOR: Do you want some Free Folders to give your ex-workant mother patients?

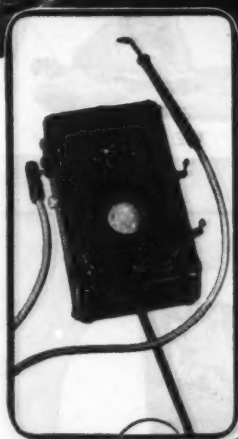
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The Birtcher Hyfrecator... a compact unit for rapid and easy high-frequency electrodesiccation, enables you to accomplish more in less time through simplified office procedure. Cosmetic results are excellent. No fore or after treatment required. More than 33 proven techniques.

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**THE CONSTITUTIONALLY
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ESKAY'S NEURO PHOSPHATES and
ESKAY'S THERANATES—palatable,
easily tolerated tonic preparations
—help restore appetite, vigor and
general tone. Smith, Kline & French
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ESKAY'S THERANATES

THE FORMULA OF ESKAY'S NEURO PHOS-
PHATES, PLUS VITAMIN B₁

MULTIPLE RELIEF FOR SKIN LESIONS

CAMPHO- PHENIQUE

(Phenol 4.75% Camphor 10.85%
in an Aromatic Mineral Oil Base)

**combines Analgesic,
Antipruritic, and
Antiseptic properties**

For effective relief of the infinite variety of minor skin irritations and injuries requiring treatment, many Doctors have for years used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

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Athlete's Foot • Pruritus

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Please send me a free bottle
of Campho-Phenique Liquid
Antiseptic Dressing.



ME-0

Name.....

Address.....

City.....State.....

cited this case: "The manager of a prepay plan in a Milwaukee industry said that 'When a doctor sends one of our employes a bill greater than our indemnifying amount, I just phone the doctor and knock his ears down.'"

Red Cross Charts Blood Collection in Peace

*Will confine its role to
recruitment of donors*

The plans of the American Red Cross to participate in the gathering of blood for civilian use in peace have been based on its wartime experience. Area managers will grant authority to local chapters for such participation when the following conditions have been met:

¶ Responsibility for technical operation must rest with a reliable medical or health agency. The Red Cross chapter may only recruit volunteer donors and provide nontechnical personnel and equipment. The sponsoring medical or health agency must meet minimum medical standards specified by the national Red Cross.

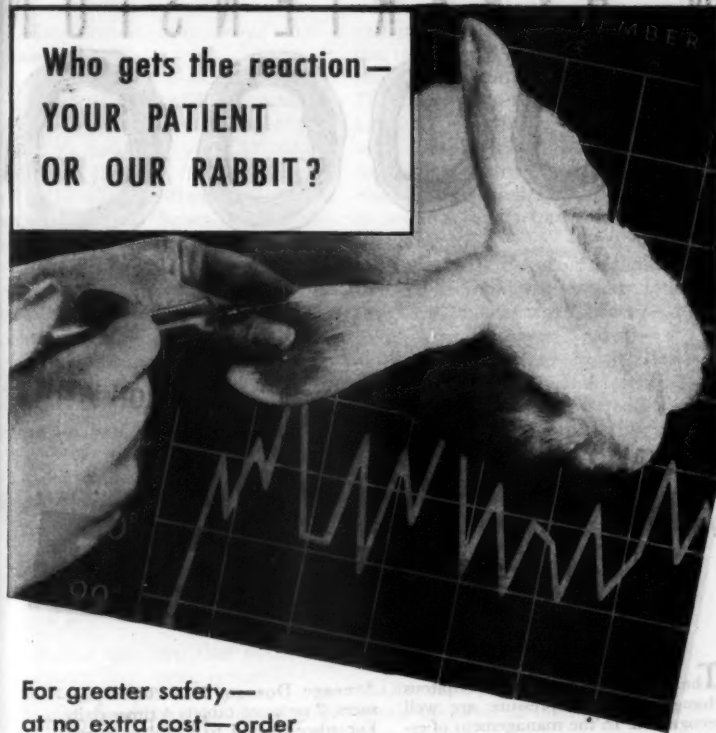
¶ Each local service must be approved by the health department, the medical society, and the local hospital agency.

¶ No fees may be collected from doctors, hospitals, or patients for blood or plasma. (All costs of operation, processing, etc., must be met by other means.)

¶ The local chapter must finance its own costs of operation without calling upon the national organization for help.

¶ The national body will be permitted to draw on reserves of blood

Who gets the reaction—
YOUR PATIENT
OR OUR RABBIT?



For greater safety—
at no extra cost—order

CUTTER *Saftiflask Solutions*

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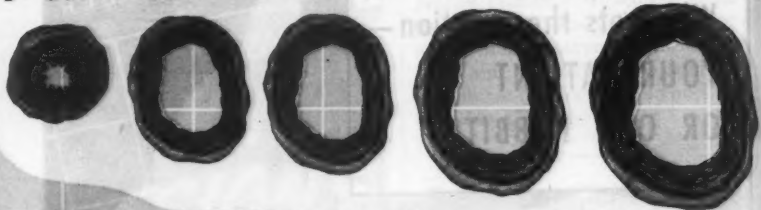
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MORPHINE RACKET. Addicts and drug traffickers still employ the "doctor's assistant" guise to obtain morphine illegally, it was disclosed recently when a 40-year-old Bronx woman, Lucille Newman, was arrested in a Fort Lee, N.J., pharmacy. The druggist had previously received a warning circular issued by the Bergen County police department, and notified them when the woman appeared and sought to buy morphine.

She sometimes varied her technique, it was said, by phoning an order for drugs in a physician's name and then waiting in front of his door until they were delivered.

Great Future Seen for Physical Medicine

Called specialty that needs more men, more research

"Physical medicine has developed to a point where it must be considered as a separate and distinct medical specialty. The recent tremendous interest in this special branch of medicine, culminating in the activities of the Baruch Committee on Physical Medicine, indicates that it has at last come of age." Thus comments Dr. Frank H. Krusen, section on physical medicine, Mayo Clinic, Rochester, Minn., and director of the Baruch committee.

Dr. Walter S. McClellan, medical director of New York State's Saratoga Springs Commission and a consultant of the Baruch committee, bears him out:

"Physical medicine is growing

and progressing. Its application in the treatment of patients is being placed on a firm, sound foundation. The direction of this program [in a hospital] must be in the hands of a trained physician. He must be a co-partner with the other physicians on the medical staff in order to achieve satisfactory and proper cooperation."

In the Medical Annals of the District of Columbia, Dr. Krusen quotes the "new and enlarged conception of physical medicine." Says he:

"It seems that there are two definite phases: (1) physical medicine as it pertains to definitive treatment and how it can be utilized by the physician in the diagnosis and treatment of disease; (2) its utilization in the broad field, taking up the dead space between definitive care and ability to return to productive work . . . It is going to take physicians with real training and background to meet this special need; it should be the broadest of all medical specialties."

Dr. Krusen defines the chief needs of physical medicine as follows:

¶ An adequate supply of physicians who can teach and practice the specialty.

¶ More extensive basic and clinical research.

¶ Proper use of physical medicine in relation to wartime rehabilitation and peacetime physical preparedness.

He recalls that the Baruch committee, on completion of its survey, recommended the following immediate program:

¶ Establishment of teaching and research centers in medical schools. They would include—

1. A model center in which all

phases of physical medicine—including physical therapy, occupational therapy, electronics, hydrology, climatology, manipulative procedures, and physical rehabilitation—could be developed. (Columbia University College of Physicians and Surgeons has been given \$400,000 to establish this model center.)

2. A center to devote the major part of its research to the problems of hydrology, climatology, and spa therapy. (The Medical College of Virginia has been given a grant of \$250,000 for this.)

3. A center to devote its major attention to the preventive and manipulative aspects of the structural mechanics of the human body. (Grant to New York University: \$250,000.)

4. A center to coordinate the research work of laboratories in the development of electronic and other physical equipment, and its clinical application in physical medicine.

5. A center to promote special clinical investigation of the psychologic and psychiatric aspects of physical medicine, with special reference to a study of the value of personal contact between physician and patient.

¶ Establishment of fellowships and residencies in physical medicine. Specifically, the committee recommended that the endowed centers train fellows in the special fields of physical medicine for which they were established, with special reference to kindred fields (i.e., industrial medicine, geriatrics, study of diseases of the blood vessels). The foundation has set aside \$100,000 for such residencies.

¶ Promotion of teaching and research in physical medicine in all approved medical schools. (Grant: \$100,000.)

¶ Promotion of wartime and post-war physical rehabilitation.

In connection with the last project, Dr. McClellan told the New York State Medical Society that "The work of the occupational therapist is closely related to the problem of rehabilitation. The importance of this individual has led to the closer association of the departments of physical therapy and occupational therapy. Many observers feel that these two departments should be closely integrated and under the direction of one physician."

Dr. McClellan pointed out that, in addition to the work of the Baruch committee, the National Foun-

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dation for Infantile Paralysis has given impetus to physical medicine by a grant to the University of Pennsylvania for establishment of a center of instruction and research

ELDERLY M.D.'s. A recent survey of the class of 1887, Northwestern University School of Medicine, disclosed that of its living members—ranging in age from 66 to 74—30 per cent were financially able to retire; 7 per cent were disabled; and 63 per cent found it financially imperative to continue in practice.

Censors Report Ethics Cases, Decisions

*Suspensions, warnings follow
hearings of physicians*

Over a recent period, the board of censors of the Queens County (N.Y.) Medical Society considered the following cases involving ethical behavior of members:

¶ A physician had given a child a whooping cough injection which, the parents alleged, brought about convulsions and impairment of health. The board informed them that medical experience has demonstrated that convulsions do not follow a whooping cough injection, and that the doctor had administered it in the accepted manner. The illness, it concluded, was due to some other cause.

¶ A doctor, it was charged, after having agreed to care for a fracture case for a stipulated fee, was forced to call in another physician because he had no surgical privileges. This involved additional expense to which the child's mother objected. The doctor denied having agreed



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to a definite fee for the entire care of the case. The board advised him to be more cautious in quoting fees and to refrain from attempting work not within his province.

¶ It was alleged that a doctor—an applicant for society membership—had asked for rebates. He denied this but admitted that when he arranged for another physician to give a blood transfusion, he had inquired what he would receive for his assistance, although he actually gave none. The physician who had made the transfusion asserted that a demand had been made for half the \$50 fee, and that the claim had been gradually reduced to \$10. The application for membership was permanently tabled.

¶ A gasoline rationing board complained that a physician had signed a statement that a patient required additional gasoline to travel to his office for treatment following a finger amputation. The protest was rejected with the opinion that "it is not the duty of any lay person to pass upon the medical requirement of a patient, vouched for by a reputable physician."

¶ An office assistant had administered anesthesia to a child, which resulted in its death. The physician in charge of the office advised a sec-

ond doctor to tell the district attorney that he had administered the anesthetic; the office assistant was asked to concur in the statement. Both did so, but later retracted their false statements. The suborning physician was suspended from the medical society for six months.

¶ A physician had been convicted in the courts of issuing narcotic prescriptions illegally and had been given a suspended sentence. He told the board that some blanks had been stolen from him and that while he had been careless, he was unaware that the blanks were being used illicitly. He was warned to be more discreet.

¶ At the request of a voluntary hospital, the board ruled that the names of physicians in military service might be published in a page of greeting in a souvenir journal, but that those of civilian practitioners extending the greeting might not.

¶ A physician was charged with distributing unethical advertising matter. He replied that he had been conducting a course in sclerotherapy and had prepared the literature in question for physicians. He admitted having given some of it to patients with the request that they pass it on to their doctors. The

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board recommended that the physician be expelled from society membership, but he appealed the decision. Since counsel for the society was of the opinion that the appeal probably would be successful—because constitutional procedure had not been followed—the suspension recommendation was rescinded.

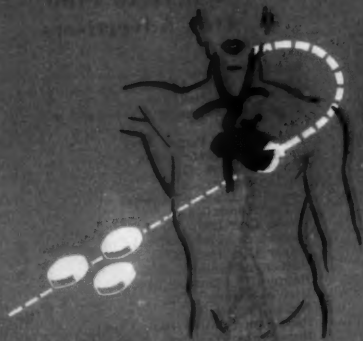
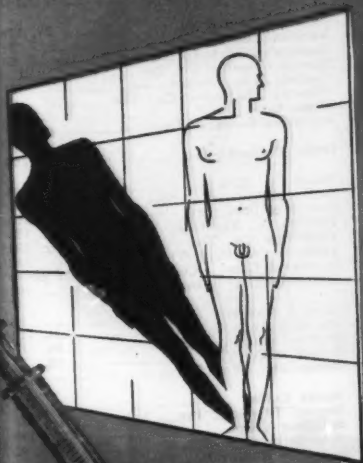
¶ A doctor was accused of having refused to go to the home of a patient suffering from a heart attack. After hearing testimony, the board of censors recommended that a warning be published in the society's bulletin urging physicians to be discreet in refusing to make calls and to be prepared, whenever possible, to offer the names of other physicians.

AUTO PHONE. To many a physician with extension phones in strategic spots throughout his home (except perhaps in the bathroom) the announcement of the American Telephone & Telegraph Company that it plans to establish a postwar radio-telephone service for automobiles has brought little cheer. Rural practitioners have found some consolation in the fact that the first installations will be confined to large cities (e.g., New York, Baltimore, Pittsburgh, Chicago), so they won't—at least for a while—be asked by patients: "What is your auto phone number, Doctor?"

Explains AT&T: The service will require a conventional telephone instrument—plus receiving and sending equipment—in each car. Each vehicle will have its own number; and calls, put through in the regular way, will be handled partly by radio, partly by regular lines.

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Baby Bathinette Corp.	182
Barnes Co., A. C.	14, 74
Battle & Co.	26
Bauer & Black—Division of The Kendall Co.	126
Baum Co., Inc., W. A.	9
Bausch & Lomb Optical Co.	33
Bayer Co., Inc., The	19
Becton, Dickinson & Co.	3, 143
Belmont Laboratories Co.	155
Bircher Corp., The	183
Bristol-Myers Co.	24, 141
Burnham Soluble Iodine Co.	172
Burroughs Wellcome & Co., Inc.	
Inside back cover	
Burton Mfg. Co.	170
Burton, Parsons & Co.	154
Camels	174, 175
Campho-Phenique	186
Cavendish Pharmaceutical Corp.	148, 194
Chesebrough Mfg. Co.	102
Ciba Pharmaceutical Products, Inc.	197
Clapp, Inc., Harold H.	131
Cole Chemical Co.	28, 29
Colwell Publishing Co.	148
Cutter Laboratories	114, 187
Cystogen Chemical Co.	138
DeLeaton Co., The	194
Denver Chemical Mfg. Co., The	2, 159
Desitin Chemical Co.	98
Drug Products Co., Inc., The	147
Foille Incorporated	157
Foster-Milburn Co.	173
Gardner, Firm of R. W.	176
Gebauer Chemical Co., The	162
General Bandages, Inc.	164, 165
General Electric X-Ray Corp.	139
General Foods Corp.	36
Gerber Products Co.	89
Gomco Surgical Mfg. Corp.	162
Guinness Sons & Co., Ltd., A.	116
Hamilton Mfg. Co.	166
Harrower Laboratory, Inc., The	90
Health Cigar Co., Inc., The	196
Hollings-Smith Co.	91, 179
Horlick's Malted Milk Corp.	106
Hurley Co., Inc., H. O.	190
Hygeia Nursing Bottle Co.	161
Johnson & Johnson	6, 153
Kress & Owen Co.	118
Lavoris Co.	154
Leeming & Co., Inc., Thos.	38
Lever Brothers Co.	4
MacGregor Instrument Co.	163
Master Metal Products, Inc.	132

McNeil Laboratories, Inc.	86
Medicine Co.	94
Merrill Co., Wm. S.	18, 144, 156, 180, 188
Mu-col Co., The	152
National Biscuit Co.	27, 178
National Drug Co.	31
National Electric Instrument Co., Inc.	23
Nepera Chemical Co., Inc.	111
Nestle's Milk Products, Inc.	167
Norwich Pharmacal Co., The	82
Numotizine, Inc.	148
Nutrition Research Labs.	16, 17
Ortho Products, Inc.	200
Patch Co., E. L.	92
Pelton & Crane Co., The	101
Penick & Ford, Ltd., Inc.	104
Phillips Co., The Chas. H.	135
Pineoleum Co., The	134
Plessner Co., Paul, The	146
Procter & Gamble Co.	Back cover
Professional Printing Co., Inc.	192
Reed & Carnrick	80
Reynolds Tobacco Co., R. J.	174, 175
Robins Co., Inc., A. H.	84, 85
Roeig & Co., J. B.	12, 97
Rorer, Inc., Wm. H.	136
Sanka Coffee	36
Sarnay Products, Inc.	20
Schering Corp.	193
Schiffelin & Co.	140, 192
Seamless Rubber Co., The	73
Searle & Co., G. D.	34, 35
Sharp & Dohme, Inc.	125
Shield Laboratories	169
Smith Co., Martin H.	122
Smith, Kline & French Labs.	
13, 120, 121, 145, 149, 184, 185	
Spirilla Co., The	195
Squibb & Sons, E. R.	Insert
Stearns & Co., Frederick	32, 129
Sunway Fruit Products	81
Tailby-Nason Co.	22, 142
Teru Products, Inc.	128
Tyree, Chemist, Inc., J. S.	123
Union Pharmaceutical Co.	191
United Fruit Co.	8
United-Rexall Drug Co.	105
U.S. Brewers Foundation	30
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Walker Vitamin Products, Inc.	113
Wander Co., The	76
Warner & Co., Inc., Wm. R.	10
White Laboratories, Inc.	21, 103, 109, 133
Whitehall Pharmacal Co.	150, 199
Whittaker Laboratories, Inc.	110
Winthrop Chemical Co., Inc.	119
Wyeth, Inc.	Inside front cover
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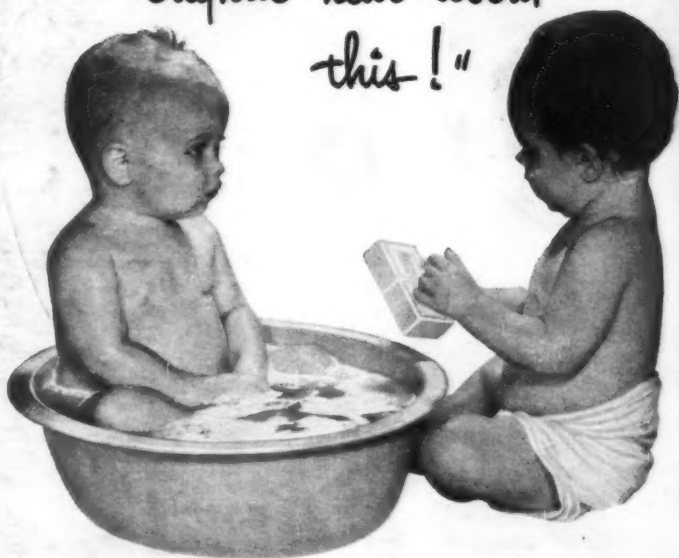


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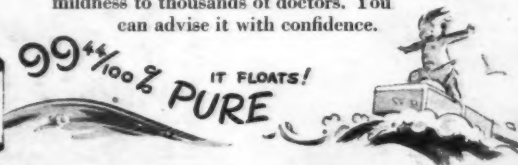
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